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ABSTRACT

The first component of this three-part package is a student manual designed to be used independently in secondary health occupations programs or on-the-job training programs for administrative medical assistants. The manual contains six units that cover the following topics: introduction to administrative medical assisting, communication skills, safety, office management techniques, medical records, and insurance and finance. Units are organized in lessons, which contain lesson objectives, key terms, content information, illustrations, and activity sheets. Each unit has a written evaluation to test students' knowledge and skill sheets that provide a record for mastery of the steps of procedure for each skill. A unit checklist located at the end of each unit provides a method for keeping track of activity sheets, clinical and laboratory activity sheets, skill sheets, and written unit evaluations. The second package component, the instructor key, provides answers to the activity sheets and unit evaluations. The third package component is a one-page student competency record. Contains 12 references and a glossary of 76 terms. (KC)

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Student Manual

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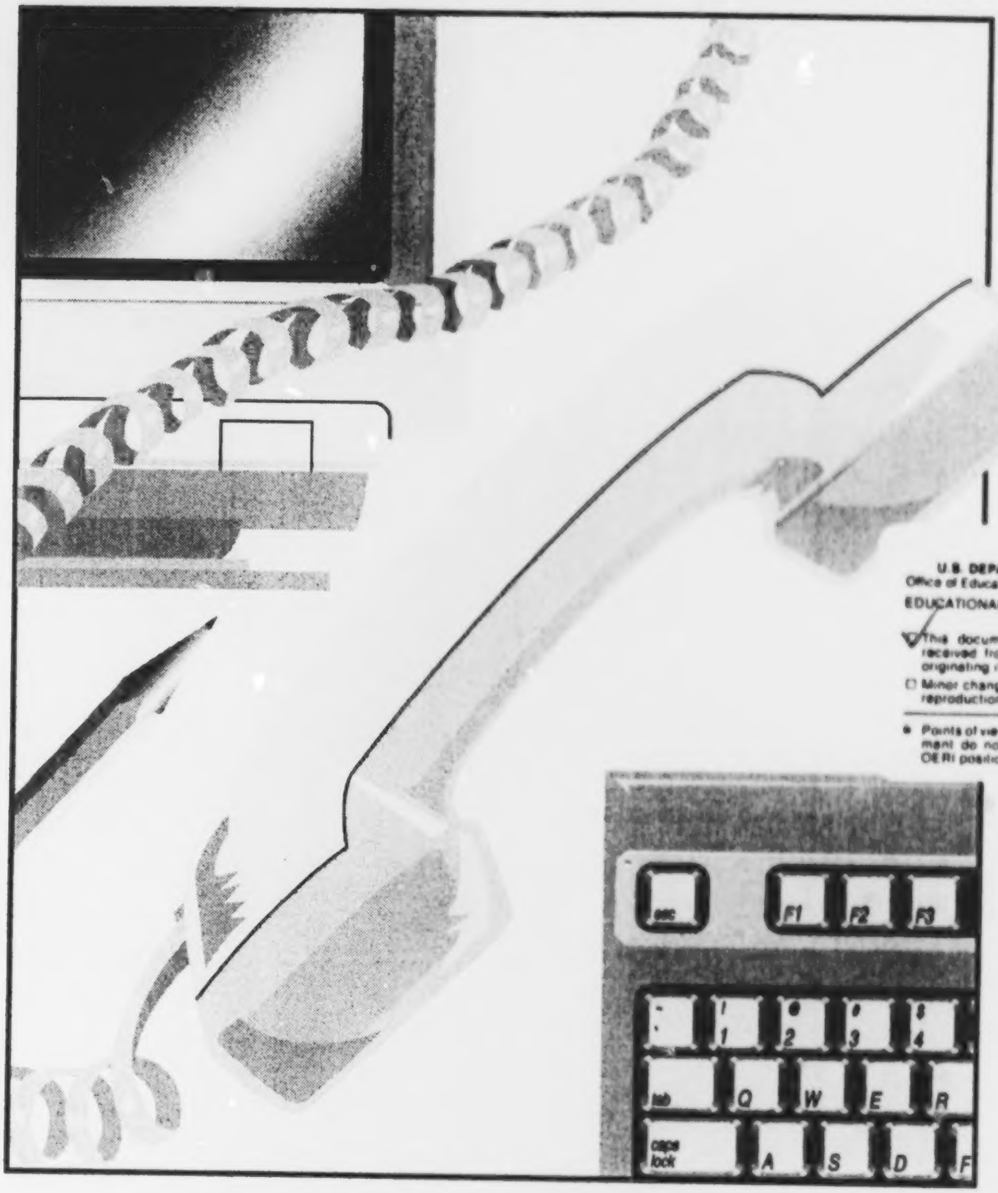

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ADMINISTRATIVE MEDICAL ASSISTANT

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Administrative Medical Assistant

Student Manual

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Foreword

This *Administrative Medical Assistant* manual is designed to be used independently by students who are in secondary health occupations programs or by individuals receiving on-the-job training in a medical office. A clinical site (medical office) is needed for individuals to practice administrative medical assistant skills and to demonstrate mastery of these skills.

This manual is divided into six units: Introduction to Administrative Medical Assisting, Communication Skills, Safety, Office Management Techniques, The Medical Record, and Insurance and Finance. Units are further divided into lessons, which contain lesson objectives, key terms, content information, illustrations, and activity sheets as appropriate for the content. Activity Sheets are designed to assist the learner in mastering the information in each lesson. The Clinical/Laboratory Activities included on the Activity Sheets should be reviewed or discussed with the instructor or clinical supervisor upon completion.

Each unit has a written evaluation that should be taken after all lessons in the unit are studied. A score of a least 80 percent indicates that the student has satisfactorily completed the unit and may proceed to the next unit. Students should review any lessons or materials that correspond to missed evaluation items. Skill Sheets provide a record for mastery of the steps of procedure for each skill. The learner should practice the skills outlined in the lesson before requesting evaluation of the skills.

A Unit Checklist, located at the end of each unit, provides a method for keeping track of Activity Sheets, Clinical/Laboratory Activity Sheets, Skill Sheets, and Written Unit Evaluations to be completed in this unit.

The Written Unit Evaluations and Skill Sheets are included at the end of the manual. If you are taking this instruction under the supervision of an instructor or clinical supervisor, these pages may be removed from your manual. When you are ready to complete a Written Unit Evaluation or Skill Sheet, check with your instructor or clinical supervisor.

Those using this manual on an individual basis may want to order the Instructor's Key, which provides answers to Activity Sheets and Unit Evaluations.

Prior to beginning this manual, the student should successfully master all competencies in the *Health Care Assistant* Core Curriculum. The Core Curriculum is designed to teach information and skills common to all health care workers.

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Glossary

A

Abandonment - when a health care worker who is caring for a client suddenly stops care or treatment

Accounts payable - money owed by the medical office

Accounts receivable - outstanding accounts; accounts with balances due to the medical office

Advance directive - a document signed by the client specifying to physicians the treatment he/she does or does not want in critical situations

Alphabetical filing - a method of arranging records according to the alphabetic order of a key word

Alphanumerical filing system - a filing system in which a number and a color are assigned to alphabetical groupings

B

Balance - the difference of money between debits and credits

Bank statement - a list of all transactions made during the month

Block style business letter - a letter formatted so that every line begins at the left margin

Bloodborne Pathogens Standard - an OSHA standard that regulates the work practices of employees who are exposed to Blood or Other Potentially Infectious Materials (BOPIM)

Body Substance Precautions (BSP) - precautions against diseases that provide a consistent approach to managing body substances; essential in preventing the transmission of potentially infectious agents

C

Chief complaint - the statement on the medical history form, in the client's own words, that describes why the client has come to see the physician

Chronological filing - a method of arranging records by dates in order of occurrence

Claim - a request for payment under an insurance contract

Client account - a record of all charges, payments , and the balance due for a particular client

Coinsurance - insurance when the insured person pays a certain percent of the bill and the insurance company pays a certain percent

Consent form - a form signed by a client that is required before surgery, the use of experimental drugs, or other complex, high-risk procedures

Co-payment - insurance when the client pays a fixed amount for each service provided

Crash cart - a cart containing various emergency medical equipment

Credit - a payment on a client account that decreases the balance

Cycle billing - accounts are grouped together according to the number of billing dates

D

Day sheet - also referred to as the daily journal sheet or daily record sheet; a record of all charges and payments for a particular day

Debit - a charge on the client account that adds to the balance

Deductible - an initial amount of money that is paid by the insured person

Defamation - the offense of injuring another person's reputation by false and malicious statements

Dictate - in medical transcription, to record information that is usually transcribed by a medical transcriptionist or assistant on a dictation-transcription machine

Dictation-transcription machine - machines used by physicians to record information that is later transcribed

Direct access - a system of filing in which records are located by going directly to the files and referring to the name on a particular file

Disbursement record - a register of monthly and yearly business expenditures

E

Emancipated minor - a person under the age of majority who is married, in the armed forces, living separate from parents or legal guardian, and/or self-supporting

Encounter form - form used to indicate services rendered for a specific diagnosis and determine charges on a client account; also known as a superbill

F

Family history - portion of the medical history form where the client records his or her family health history

Form letters - standard letters often used to fulfill a physician's legal obligation

H

Hazardous chemicals - products that pose a danger to people or the environment

Health Maintenance Organization (HMO) - a managed health care organization that provides a defined, comprehensive set of services to an enrolled population within a specified geographic service area

I

Implied consent - consent that the client has given to the physician to perform simple or common procedures known to involve little risk; client gives consent by virtue of seeking the physician for health care

Indirect access - a system of filing which requires the use of an index that must be consulted before a record can be obtained

Informed consent - consent the client gives after he/she understands the treatment, the risks involved, why it should be done, and alternative treatments available

Interoffice memorandum - informal correspondence sent by offices, clinics, and hospitals to facilitate exchanges of ideas and communicate instructions or other messages among the staff

L

Ledger card - a chronological record of the financial transactions for a client or family account

Libel - the offense of injuring another person's reputation through false or malicious printed or written word

Licensed practical nurse (LPN) - a nurse who has completed a course of study in a state-approved school of nursing that is usually one or two years in length and has passed a state licensure examination

M

Malpractice - professional misconduct, improper discharge of professional duties, or failure to meet the standard of care by a professional that results in harm to another

Material Safety Data Sheet (MSDS) - a sheet providing specific information about products containing hazardous chemicals

Matrix - a block of time in an appointment book that is diagonally crossed out to indicate time that is unavailable for the physician to examine a client

Medical ethics - the thoughts, judgements, and actions that determine what is morally correct within the medical professions.

Medical history form - a record of the client's past health information that usually includes surgeries, illnesses, allergies, injuries, smoking or drinking habits, and any medications that the client may be taking

Medical record - a permanent legal document that contains written facts and events recorded by a physician while caring for a client; also known as the client's chart

Medical transcribing - rewriting information that has been dictated and recorded by a physician on a dictation-transcription machine

N

Negligence - failure to do something that a reasonable person would do in a given situation

Numerical filing - a method of arranging records in numeric sequence

O

Occupational Safety and Health Administration (OSHA) - a Government agency responsible for monitoring the safety and health of employees in America's workplaces

Office Manager - an office staff member who supervises daily administrative operations in the medical office

P

Payee - the person or business who is to receive payment

Pegboard system - a system for posting payments and credits to a ledger card by using a board with pegs on one or both sides

Permit form - a form signed by the client allowing the physician to release information to insurance companies or consulting physicians; also known as a release form

Petty cash - a fund used to pay for minor office expenses

Petty cash voucher - a slip that used to control payments made from petty cash

Physical examination form - the form on which the client's current physical health is recorded by the physician upon examination

Physician - a doctor of medicine who has graduated from an accredited medical school and is licensed by the Board of Medical Examiners or Board of Registration before practicing medicine

Posting - the process of transferring information from one record to another

Preferred Provider Organization (PPO) - a managed care organization that allows clients to choose providers

Private Health Insurance - health insurance that is paid for by a private company or individual

Progress notes - the notes in which the physician states the current health status of a client and whether or not the client needs to return to the office

Public Health Insurance - health insurance that is paid for by the federal or state government

R

Reconciliation - the process of checking the accuracy of bank records against the records of the account holder

Registered nurse - a nurse who has completed a two, three, or four year course of study in a state-approved school of nursing and has passed the National Council Licensure Examination (NCLEX)

Registration form - a general information form that is completed by a client upon the initial visit to the medical office; also known as the acquaintance form

S

Slander - the offense of injuring another person's reputation through false or malicious spoken word

Specialist - a physician who concentrates study in a specific subject

Subject filing - a method of arranging records according to subject matter

T

Therapist - a health care professional who in engaged in administering health treatment to clients with disabilities, disorders, or injuries

Transaction slip - a receipt showing charges incurred during the visit

U

Unethical behavior - to behave in a way that does not conform to professional standards of ethical conduct

Universal emergency identification bracelet - a bracelet that a client wears to relate information about his/her condition in the case of an emergency

Universal Precautions - precautions against diseases in which all human blood and only certain body fluids are treated as if known to be infectious HIV, HBV, and other bloodborne pathogens

Unit I

Introduction to Administrative Medical Assisting

Unit I introduces the administrative medical assistant profession and describes the roles and responsibilities, educational requirements, and personal characteristics of various medical office personnel. Upon completion of this unit, you should be able to identify the qualities of a professional administrative medical assistant and understand the importance of public relations skills in the medical office. The administrative medical assistant's code of ethics, ethical responsibilities, and legal terms are also introduced in this unit.

Unit Lessons

The Professional Administrative Medical Assistant

Ethical and Legal Issues for the Administrative Medical Assistant

Lesson 1:
The Professional Administrative Medical Assistant

Objectives:

A. Exhibit personal characteristics of the professional medical assistant.

B. Display public relations techniques and use professional medical language.

C. Identify the responsibilities of the administrative medical assistant.

D. Identify continuing education opportunities in medical assisting.

E. Identify employment opportunities for administrative medical assistants.

F. Match medical office personnel to their roles and responsibilities.

Key Terms:

- Office manager
- Physician
- Specialist
- Registered nurse
- Nurse practitioner
- Licensed practical nurse
- Therapist

The trained and professional administrative medical assistant is an asset to any medical office. Professional work habits, attitudes, and appearance are often just as important in a medical office as proficiency in administrative tasks. A well-groomed and professional-behaving assistant conveys a competent office, which can help to maintain or build the medical office business. If clients feel they are receiving the best health care in a professional environment, they are more likely to trust the medical office staff.

Personal Characteristics of the Professional Administrative Medical Assistant

Medical professionals interact with many people on a daily basis. Therefore, the administrative medical assistant should learn how to work and communicate with all types of people. In order to do so, it is important to possess the following qualities.

- *Dependable* - The administrative medical assistant should be reliable, trustworthy, and responsible. Clients and coworkers alike expect the administrative medical assistant to be on time for work and finish projects in a timely manner.
- *Empathetic* - Like every professional in the medical field, the administrative medical assistant should be able to identify and understand another person's situation and feelings. Empathy is different than sympathy. Sympathy means you feel sorry for the client. Sympathy can get in the way of good care because the client's problems make the caregiver feel so bad that he or she is unable to help the patient. When clients visit the office, they may be in pain or under a large amount of stress. Empathy can help the assistant work more effectively with clients.
- *Enthusiastic* - Great excitement or interest in a subject or cause can excite and make others positive. Clients are more comfortable in a strange place if the office personnel are enthusiastic and friendly. The assistant should complete projects or other assignments with excitement.

- *Motivated* - The administrative medical assistant should complete tasks without prompting or a great deal of supervision. For example, the physician should not have to repeatedly ask the assistant to complete routine tasks.
- *Tactful* - Acute awareness of appropriate statements is essential for the assistant when dealing with others. It is likely that the administrative medical assistant will be involved in sensitive situations that require polite or diplomatic behavior. For instance, an inappropriate statement to a client may be, "Wow, I can't believe you have seven children under the age of eight! No wonder you need tranquilzers!"
- *Ethical* - The administrative medical assistant must be trustworthy at all times, must be careful not to breach client confidentiality, and should never try to practice medicine. Ethical behavior is discussed in detail in Lesson 2 of this unit.
- *Resourceful* - Knowledge that is gained through experience or study should be applied to the workplace. Being resourceful may mean keeping up with changing technology and business procedures. For example, when the assistant learns of a new and efficient time management technique, he or she should try applying that technique in the medical office.

Professional Appearance of the Administrative Medical Assistant

The immaculate appearance of an assistant will most likely convey a sense of confidence and efficiency in office procedures, whereas a careless appearance of an assistant may suggest that the medical office is careless about operations. Like a physician or nurse, the administrative medical assistant is often a representative of the entire medical office. Therefore, it is necessary to present a professional image. The administrative medical assistant should look to the physicians in his or her medical office and dress similar to them. Most physicians dress like a business professional, in a business suit with a laboratory coat in place of a jacket. Other offices may require that assistants wear a white uniform such as a dress, pantsuit, or jumpsuit.

Like the apparel of the assistant, makeup and hairstyles should also be conservative. Hairstyles, makeup, and manicures should be simple and non-distracting. Long or excessively decorated fingernails, extreme makeup, and dangling earrings do not present a professional image. Some offices have a dress code, or a policy that defines the office's idea of appropriate professional dress and appearance. The administrative medical assistant should adhere to the policy in his or her office.

As part of a professional image, good personal hygiene is essential for the administrative medical assistant. Because the assistant constantly works closely with people during the day, he or she should maintain good personal hygiene at all times, which includes daily bathing, shampooing, and the use of deodorants/anti-perspirants. The assistant should maintain good oral hygiene as well, through frequent tooth brushing, flossing, and the use of mouthwash. Remember that the assistant is a representative of the medical office and good personal hygiene can be a reflection of pride in the medical office.

Public Relations Techniques

The assistant may be the first person the client meets in the medical office. Therefore, it is important that the administrative medical assistant be friendly, attentive, and empathetic. The assistant should always treat people with dignity and respect and should always try to smile, even when something is not going the way it should. When an administrative medical assistant is abrupt with clients, the clients may think they are responsible for what is happening. Unit II discusses verbal and nonverbal communication skills in more detail, but it is important to know that good client relations can help clients feel more comfortable and relaxed in the medical office.

Professional Medical Language

As part of good public relations, the assistant should always use professional medical language. Whether typing letters for the physician, processing insurance forms, or talking with clients and recording information, the assistant should use professional medical language at all times. Using incorrect language is an embarrassment to the administrative medical assistant and can cause confusion. An example of unprofessional language may be to say "shot" rather than "injection."

Using professional language also means using the current appropriate terminology when referring to a particular group of people. For example, clients with disabilities should not be referred to as "handicapped." Instead, refer to them as "clients with disabilities." Blind clients should be referred to as "clients with visual impariments." A good rule of thumb to remember is to place the client before the disability or impairment.

Roles and Responsibilities of the Administrative Medical Assistant

The administrative medical assistant is employed by and may work under the direct supervision of a physician. In some offices, an office manager or nurse may be the immediate supervisor of the assistant. The medical **office manager** is a staff member who supervises daily administrative operations in the medical office. The assistant's duties may vary depending upon the office in which he or she is employed. Additional opportunities may be presented after the assistant has proven competence in the tasks listed below.

Typical responsibilities of an assistant include: greeting clients, answering the telephone, scheduling appointments, composing business letters, completing insurance forms, filing, record keeping, transcribing, and managing the office's finances. In addition, assistants frequently manage the medical office by conducting inventory, maintaining office machines, and ordering office supplies. In some offices, the administrative medical assistant may be responsible for documenting the height, weight, and health complaints of clients, as well as handling client specimens. The assistant is usually responsible for making sure the reception area of the office is safe, neat, and organized.

Educational Requirements for the Administrative Medical Assistant

Administrative medical assisting requires health care and administrative skills that can be obtained in a vocational or community college program. Programs are usually 1 to 2 years in length. There are also four-year college and university programs. Some medical assistants are educated and trained on the job by a physician.

Through the American Association of Medical Assistants, medical assistants who achieve both clinical and administrative competencies can become certified. The American Registry of Medical Assistants and The American Medical Technologists grant a Registered Medical Assisant (RMA) certification. The American Medical Technologists grants the RMA to those who have five years of experience and completed an approved course. The American Registry of Medical Assistants grants the RMA to those who have one year of service, have completed an approved course, and have submitted a letter of recommendation from an employer.

Employment Opportunities

After completing the course for the administrative medical assistant, the individual should be qualified to apply for jobs in a variety of settings such as physician offices, veterinary offices, various departments in hospitals, and in public health agencies. Many administrative medical assistants continue their education and training to become clinical medical assistants, office managers, licensed practical nurses, registered nurses, or medical technicians.

Roles and Responsibilities of Medical Personnel

Physicians

Physicians are health care professionals who are ultimately responsible for diagnosing and treating clients. A physician has a Doctor of Medicine degree (M.D.) that is earned upon graduation from an accredited medical school. A Doctor of Medicine must be licensed by the Board of Medical Examiners or Board of Registration before he or she can practice medicine. Satisfactory completion of the National Board of Examinations is required. The physician may be a general practitioner or a specialist. A **specialist** is a physician who concentrates study in a specific body system. Table 1.1 lists some common specialists. Some physicians may have multiple or dual specialties such as an obstetrician/gynecologist.

Nurses

Nurses assist physicians with treatment and procedures and function in a supervisory role over the administrative medical assistant. The two types of nurses are registered nurses (RNs) and licensed practical nurses (LPNs). A **registered nurse** is a nurse who has completed a two, three, or four year course of study in a state-approved school of nursing and has passed the National Council Licensure Examination (NCLEX).

A **licensed practical nurse** is a nurse who has completed a one or two year course of study in a state-approved school of nursing. The LPN takes the National Council Licensure Examination for Practical Nursing. The LPN usually practices under direct supervision of an RN and works in all types of health care settings. Duties of the LPN are often similar to those of the RN, although the LPN does not have the same level of academic and clinical preparation that may be necessary to perform advanced skills.

A **nurse practitioner** is a registered nurse who has advanced skills in the assessment of illnesses. Nurse practitioners usually have advanced degrees, such as a master's degree in nursing. In some states, nurse practitioners are permitted to diagnose clients and prescribe medications.

Table 1.1 - Specialists

Allergist	Diagnoses and treats conditions of altered immunological reactivity
Cardiologist	Diagnoses and treats abnormalities, diseases, and disorders of the heart
Dermatologist	Diagnoses and treats disorders of the skin
Endocrinologist	Diagnoses and treats malfunctions of the glands of internal secretion
Family practitioner	Similar to general practice in nature, but centers around family units
Gastroenterologist	Diagnoses and treats disorders of the stomach and the intestines
Gerontologist	Diagnoses and treats diseases, disorders, and problems associated with aging
Gynecologist	Diagnoses and treats disorders of the female reproductive system
Hematologist	Diagnoses and treats disorders of the blood and blood-forming tissues
Internist	Diagnoses and treats diseases of the internal organs
Nephrologist	Diagnoses and treats diseases of the kidneys
Neurologist	Diagnoses and treats diseases and disorders of the central nervous system
Obstetrician	Provides care to pregnant females during pregnancy, childbirth, and immediately thereafter
Oncologist	Diagnoses and treats tumors/cancer
Ophthamologist	Diagnoses and treats diseases and disorders of the eye
Orthopedist	Diagnoses and treats diseases, disorders, and fractures of the bones, muscles, ligaments, and tendons
Otorhinolaryngoloist (ENT Specialist)	Diagnoses and treats diseases and disorders of the ear, nose, and throat
Pediatrician	Diagnoses and treats diseases and disorders of children; strong emphasis on preventative measures
Psychiatrist	Diagnoses and treats pronounced manifestations of emotional problems or mental illnesses which may have an organic causative factor
Psychologist	Evaluates and treats emotional problems
Radiologist	Diagnoses and treats diseases and disorders with roentgen rays (X-rays) and other forms of radiant energy
Surgeon	Diagnoses and treats diseases, injuries, and deformities by manual or operative methods
Urologist	Diagnoses and treats diseases and disorders of the urinary system of females; genitourinary system of males

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Therapists

Therapists are health care professionals who administer health treatment to clients with disabilities, disorders, and injuries. These treatments relieve pain, develop and restore functions, prevent muscle wasting, and maintain maximum performance. The primary therapists include the following.

Respiratory therapists set up and operate various types of equipment to administer oxygen and other gases and treatments to clients.

Occupational therapists plan, organize, and participate in medically oriented occupational programs to rehabilitate clients who are physically or mentally ill.

Physical therapists apply techniques and treatments that help relieve pain, increase the client's strength, and decrease or prevent deformity and crippling.

Speech pathologists and *audiologists* examine and provide remedial services for persons with speech and hearing disorders.

Recreational therapists plan, organize, and direct medically approved recreational programs for clients in hospitals, long-term care facilities, or other institutions. Activities include sports, trips, social activities, and arts and crafts.

Other Medical Personnel

The following health care workers do not all work in physician offices. The type of office in which the assistant works and the position the assistant holds determines the frequency of contact with the following health care personnel.

Medical Transcriptionists rewrite information, such as progress notes or letters, that have been recorded on a machine .

Insurance billing specialists specialize in health insurance coding and billing.

Emergency medical technicians (EMTs) administer first aid treatment and transport sick or injured persons to a medical facility.

Pharmacists compound and dispense medications by following prescriptions issued by physicians, dentists, or other authorized medical practitioners.

Dietitians and Nutrionists organize, plan, and conduct food service or nutritional programs to promote health and control disease.

Medical and laboratory technicians perform routine tests in medical laboratories. The results of the tests are used in the diagnosis and treatment of diseases. *Medical records technicians* compile and maintain medical records.

Radiologic technicians have specialized training in various techniques of visualization of the tissues and organs in the body. They work under the direct supervision of a physician radiologist, operate radiologic equipment, and take radiographic images.

Electrocardiograph technicians record electromotive variations in actions of the heart muscle using an electrocardiograph machine.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: The Professional Administrative Medical Assistant

Activity Sheet

1. List four personal characteristics of the professional administrative medical assistant.

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

2. List two professional appearance characteristics of the administrative medical assistant.

   a. ______________________________

   b. ______________________________

3. List two public relations techniques that the assistant should use in the medical office.

   a. ______________________________

   b. ______________________________

4. List five responsibilities of the administrative medical assistant.

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

   e. ______________________________

5. How does the medical assistant become certified?

   ____

   ____

6. Where might one become employed as an administrative medical assistant?

____

____

Match the roles and responsibilities in Column A to the medical personnel in Column B.

COLUMN A

_____7. A health care professional, typically supervised by an RN, who assists physicians with treatments and procedures

_____8. A physician who concentrates study in a specific body system and who is ultimately responsible for diagnosing and treating clients

_____9. A health care professional who administers health treatment to clients with disorders, disabilities, or injuries

_____10. A health care professional who assists physicians with treatments and procedures

_____11. A health care professional who is ultimately responsible for diagnosing and treating clients

COLUMN B

a. Registered nurse
b. Therapist
c. Licensed practical nurse
d. Specialist
e. Physician

Clinical/Laboratory Activities

1. Ask your clinical supervisor about the attire of the administrative medical assistant at your clinical site. Is there a dress code? If so, briefly describe it.

____

____

2. Interview a registered nurse at your clinical site. What are his or her responsibilities? In what ways does the administrative medical assistant work with the registered nurse in the medical office?

3. Look through the "Help Wanted" section of your local newspaper. Make a note of how many jobs there are available for administrative medical office personnel. What is the starting pay for an administrative medical assistant in your area?

4. Make a list of all the professional qualities you possess and compare your list with the qualities presented in this lesson. Do you possess the qualities of a professional administrative medical assistant?

5. At your clinical site, practice the qualities of a professional administrative medical assistant and demonstrate the professional appearance of the administrative medical assistant. Utilize professional medical language at all times.

Lesson 2:
Ethical and Legal Issues for the Administrative Medical Assistant

Objectives:

A. Identify the administrative medical assistant's code of ethics.

B. Select appropriate responses to confidential situations.

C. Identify the administrative medical assistant's responsibilities regarding legal documents.

D. Match legal and ethical terms to their definitions.

Key Terms:

- Medical ethics
- Unethical behavior
- Consent form
- Permit form
- Advance directive
- Implied consent
- Informed consent
- Emancipated minor
- Defamation
- Slander
- Libel
- Malpractice
- Negligence
- Abandonment

The administrative medical assistant is responsible for displaying ethical behavior at all times. Medical ethics deal with the thoughts, judgments, and actions that determine what is morally correct within the medical professions. To be ethically or morally right, the assistant must make decisions that are good for humanity.

Ethical conduct demonstrated by the administrative medical assistant is crucial in gaining the client's trust. By law, the medical assistant is obligated to keep all records and any other information about a client confidential.

Code of Ethics

As stated earlier, **medical ethics** are the thoughts, judgments, and actions that determine what is morally correct within the medical professions. **Unethical behavior** means to behave in a way that does not conform to professional standards. For example, an assistant who displays unethical behavior might be one who breaches patient confidentiality, is dishonest about the office finances, or tries to practice medicine.

Ethical standards or codes are often established by a profession for each member to follow. The code of ethics from the American Association of Medical Assistants (AAMA) sets forth principles of moral conduct as they relate to the practice of medical assisting. The following is an excerpt from the American Association of Medical Assistants Code of Ethics.

"Members of AAMA dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they do serve do pledge themselves to strive always to:

a. Render service with full respect for the dignity of humanity;

b. Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information;

c. Uphold the honor and high principles of the profession and accept its disciplines;

d. Seek to continually improve the knowledge and skills of the medical assistant for the benefit of clients and professional colleagues; and

e. Participate in additional service activities directed toward improving the health and well-being of the community."

It is sometimes difficult to decide if some behavior is ethical or not. A rough guideline to help you determine whether a decision is ethical or not is summarized below. Keep in mind that the administrative medical assistant is not qualified to give advice or make a diagnosis. It is unethical as well as illegal for the assistant to try to practice medicine.

A decision is ethical if:

- It enhances self-respect.
- It develops personal integrity.
- It builds genuine confidence in self and others.
- It maintains confidentiality and exhibits respect.

A decision is unethical if:

- It brings harm to others.
- It is illegal.
- It exploits, belittles, or embarrasses people.
- It is disrespectful.

Confidential Situations

By law, every client has the right to confidentiality and privacy. Information may be given to other health team members only when it is directly related to the client's course of treatment. It is important to remember that confidential information should never be discussed with unauthorized people, whether speaking to someone in the office or on the telephone.

Medical information may be given to others not concerned with treatment only after the client has signed a permit form allowing the health team members to do so. The client must also sign a form for the medical office to release any information to an insurance company. Another medical office may inquire about a client's medical history for diagnostic purposes or to confirm symptoms directly related to the client's condition. In this situation, the client is usually in the process of being referred to the inquiring medical office and information needs to be transferred. In this case, clients have given their implied consent for necessary information to be given to the inquiring office.

The assistant must constantly be aware of his or her tone of voice and surroundings when discussing confidential situations with the physician. For example, loudly discussing a client's overdue balance with the physician in the front office, within earshot of waiting clients represents unethical behavior (Figure 2.1).

The Administrative Medical Assistant's Responsibilities Regarding Legal Documents

The client's chart is also called a medical record. The client's chart is a record of the care the physician gives. Medical records are the most important records in the medical office. The chart is a legal document and contains all information that involves the client, including dates of office visits, treatments, medications, and all notes regarding the condition of the client. Components of the client's chart are

Figure 2.1 - Confidential Situation

discussed in detail in Unit V. It is important that all medical record information be kept in accurate detail and in blue or black ink. Since the chart is a legal document, it can be used in court. Written errors entered into the record are usually handled by drawing a single line through the error, having the person who made the error initial the entry, and adding the date. Some practices may even write the words "MISTAKEN ENTRY" above the error. Never apply correction fluid or correction tape over the error. The accuracy of the information in the chart may make the difference between winning or losing a court case.

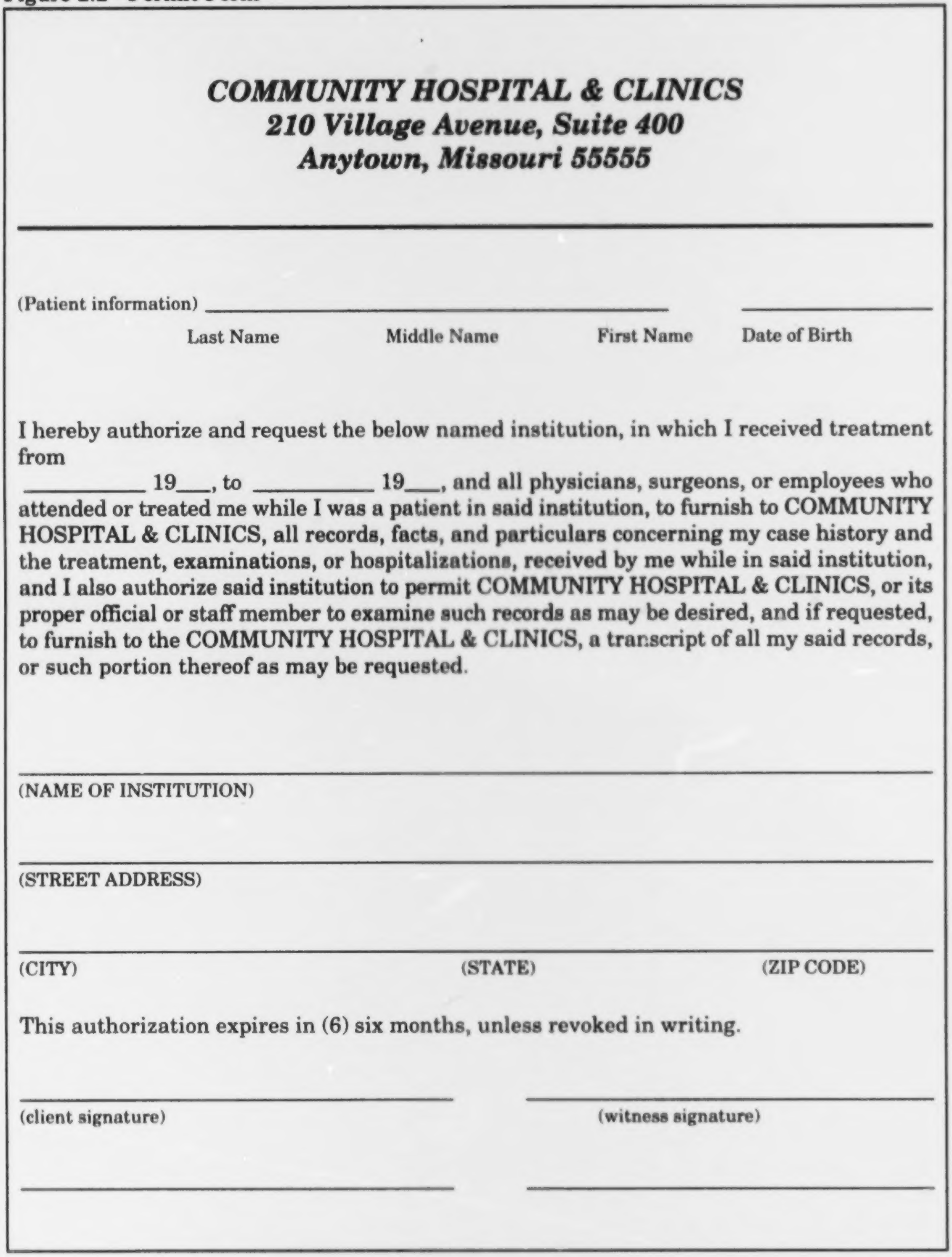
There may be additional forms that need to be signed by the client and added to the chart. They include, but are not limited to, the following.

Consent forms - Consent forms are needed before surgery, the use of experimental drugs, or for other complex, high-risk procedures. The consent form gives the physician permission to perform the specific procedure or treatment. It is usually the responsibility of the administrative medical assistant to say to the client, "If there are no additional questions, please sign the consent form." In some medical offices, it is the assistant's responsibility to read the consent form to the client, regardless of whether or not the client can read. By reading legal documents, the assistant can ensure that visual defects, learning disabilities, or other impairments are not interferring with the client's understanding. After reading the form aloud, the administrative medical assistant then collects the signed consent form. Consent forms are not needed for simple or common procedures and treatment. Implied consent is given for simple procedures.

Permit forms - Permit forms, also known as release forms; are like consent forms because they also give the physician permission. They give the physician permission to release information to insurance companies or to consulting physicians, for example. The administrative medical assistant may be asked to request the client's signature on these forms. See Figure 2.2.

Advance directives - Advance directives documents allow the client to specify what care or treatment he or she does or does not want in critical situations. The Patient Self-Determination Act (PSDA) of 1991, also known as the Danforth Bill or Medical Miranda Rights for Patients' Act, requires health care facilities that participate in Medicare or Medicaid to ask each client if he or she has drawn up an advance directive and to record the response in the client's chart. In other cases, the administrative medical assistant may need to obtain information for an advance directive from the client and record the responses on the client's chart.

Figure 2.2 - Permit Form



COMMUNITY HOSPITAL & CLINICS
210 Village Avenue, Suite 400
Anytown, Missouri 55555

(Patient information) ______________________________ ____________
Last Name Middle Name First Name Date of Birth

I hereby authorize and request the below named institution, in which I received treatment from
__________ 19___, to __________ 19___, and all physicians, surgeons, or employees who attended or treated me while I was a patient in said institution, to furnish to COMMUNITY HOSPITAL & CLINICS, all records, facts, and particulars concerning my case history and the treatment, examinations, or hospitalizations, received by me while in said institution, and I also authorize said institution to permit COMMUNITY HOSPITAL & CLINICS, or its proper official or staff member to examine such records as may be desired, and if requested, to furnish to the COMMUNITY HOSPITAL & CLINICS, a transcript of all my said records, or such portion thereof as may be requested.

____
(NAME OF INSTITUTION)

____
(STREET ADDRESS)

____
(CITY) (STATE) (ZIP CODE)

This authorization expires in (6) six months, unless revoked in writing.

______________________ ______________________
(client signature) (witness signature)

______________________ ______________________

Legal and Ethical Terms

It is important for the administrative medical assistant to become familiar with some legal and ethical terms relevant to medical professions. Legal issues such as client consent, defamation, malpractice, and licensing are concerns pertinent to the medical field.

Client Consent

The assistant should become familiar with his or her responsibility regarding client consent. By virtue of the client seeking health care from the physician, the client has given **implied consent** for common or simple procedures that are known to involve little risk. Examples of procedures for which a client has given implied consent are physicial examinations, pap smears, and EKGs.

Informed consent, on the other hand, is needed for more complex procedures. **Informed consent** is when the client understands the treatment, the risks involved, why it should be done, and the alternative treatments available. The physician must obtain informed consent for each complex procedure. Surgery and immunizations are examples of procedures where informed consent is required. As stated earlier, it is usually the responsibility of the assistant to say to the client, "If there are no additional questions, please sign the consent form."

Incompetent adults and minors must obtain consent for medical treatment from legal guardians or parents except in some cases of drug abuse, pregnancy, or venereal disease. An **emancipated minor** is a person under the age of majority (under age 18 or 21, depending upon the state) who is married, in the armed forces, living separately from parents or legal guardian, or is self-supporting. Emancipated minors have the right to consent to medical treatment as well as the right to protect their confidential records from parents or guardians.

Defamation

Defamation, slander, and libel are terms that mean to injure someone's reputation. Medical office personnel should be careful not to injure a client's or coworker's reputation by breaking any of these laws. **Defamation** is the offense of injuring another person's reputation by false and malicious statements. **Slander** is oral (spoken) defamation, whereas **libel** is printed or written defamation. An example of libel may be when a physician writes a false or malicious statement about a client in a medical record, such as "The client thinks he is ill, but he is really just obese and lazy."

Malpractice

Malpractice is professional misconduct, improper discharge of professional duties, or failure to meet the standard of care by a professional that results in harm to another. Physicians are sometimes sued for malpractice, and the assistant may become involved in preparing materials for court. For this reason, it is extremely important that medical records be accurate. An accurate, complete, and unaltered medical record can be the physician's best defense in a malpractice suit.

Negligence means to fail to do something that a reasonable person would do in a given situation. According to the American Medical Association, when a client claims that a physician is negligent, the client must present evidence that: "(1) the physician owed a duty to the client, (2) the physician was derelict and failed that duty by failing to act as the ordinary, competent physician in the same community would have acted in the same or similar circumstances, (3) such failure or breach was the direct cause of the client's injuries, and (4) damages to the client resulted therefrom."

Abandonment is a form of negligence for which the physician could be sued. **Abandonment** occurs when a physician who is caring for a client suddenly stops care or treatment. The physician literally deserts the client. For example, if a client is admitted into the hospital and the physician does not see the client as soon as possible, the physician could be charged with abandonment. It is the medical office staff's responsibility to refer clients to other physicians when the office physician is ill or unable to see them.

Licensure and Registration

Before a doctor of medicine can practice medicine, he or she must obtain a license. The Board of Medical Examiners or the Board of Registration are state boards that grant licenses. All medical doctors must pass a state board examination to obtain a license, and periodic re-registration of the license is required. Depending upon the state, the physician may need to re-register annually or biennially. The state board notifies the physician when the re-registration is due. The administrative medical assistant can aid the physician by making a note of the re-registration due date.

A physician's license is subject to revocation or suspension under certain circumstances. Such circumstances include conviction of a crime, unprofessional conduct, and personal or professional incapacity. Convictions of murder, rape, and narcotics violations are examples of crimes that can result in license revocation or suspension. Unprofessional conduct may be betrayal of client confidences or excessive use of narcotics or alcohol. Professional incapacity is injury or illness that affects the physical or mental ability of the physician to practice medicine.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written unit evaluation. A score of at least 80 percent indicates that you may proceed to the next unit. Review any materials incorrectly answered.

Lesson 2: Ethical and Legal Issues for the Administrative Medical Assistant

Activity Sheet

Match the following definitions in Column A with the legal and ethical terms in Column B.

COLUMN A

____1. Professional misconduct, improper discharge of professional duties, or failure to meet the standard of care by a professional that results in harm to another

____2. Permission granted by the client for common or simple procedures by virtue of the client seeking treatment from the physician

____3. The offense of injuring another person's reputation with false and malicious statements

____4. Permission granted by the client after understanding the treatment, risks involved, why it should be done, and the alternative treatments for more complex procedures

____5. Documents that allow the client to specify what treatment he or she does or does not want in critical situations

____6. Forms that give the physician permission to release information to insurance companies or consulting physicians

COLUMN B

a. Permit forms

b. Advance directives

c. Defamation

d. Informed consent

e. Implied consent

f. Malpractice

7. List the components of the administrative medical assistant's code of ethics.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

8. When are consent forms, permit forms, and advance directives required?

a. Consent forms - ______________________________

b. Permit forms - ______________________________

c. Advance directives - ______________________________

9. What is the administrative medical assistant's responsibility regarding medical records?

____

____

____

Clinical/Laboratory Activities

1. **Role-play the following situations with your clinical supervisor.**

a. As you are taking Mrs. Smith to the examination room, she tells you she thinks she is pregnant. She says she already has two children in their middle to late teens and does not want any more children. On your return to the front desk, another client asks, "What is wrong with Mrs. Smith?" What is your response?

b. As you are preparing to make copies at the copier machine, you notice that a coworker has left a medical record on the machine. You recognize the name on the record as one of your old classmates and wonder why he or she is visiting the medical office. What is your responsibility as an ethical administrative medical assistant? What would you do?

Unit Checklist

Student Name ______________________ Overall Unit Rating __________

Activity Sheet: The Professional Administrative Medical Assistant Rating _____

Comments:____

____

____

Activity Sheet: Ethical and Legal Issues for the Administrative Medical Assistant Rating _____

Comments:____

____

____

Written Unit Evaluation Score ______

Additional Comments:____

____

____

Teacher Signature______________________ Date______________

Student Signature______________________ Date______________

Unit II

Communication Skills

Unit II stresses the importance of effective communication. This unit explains the proper techniques for answering the telephone, confirming appointments, and placing business calls in the medical office. Unit II also contains information on how to effectively communicate with clients of all age groups, clients with impairments, and coworkers.

Unit Lessons

Telephone Etiquette

Effective Communication

Lesson 1: Telephone Etiquette

Objectives:

A. Demonstrate the proper method to answer the medical office telephone.

B. Identify techniques that may be used for placing callers on hold.

C. Record telephone messages accurately.

D. Demonstrate appropriate responses to difficult situations.

E. Demonstrate appropriate responses to emergency telephone situations.

F. Demonstrate appropriate techniques when placing a business call.

A common responsibility of the administrative medical assistant is to answer the medical office telephone. Therefore, professional telephone skills, such as handling emergency calls and taking accurate phone messages, are essential. The assistant should always speak clearly and use proper grammar, keeping in mind that he or she must make good impressions on callers whether the callers are clients or business contacts. When the assistant makes a good impression, the client is likely to gain a good feeling about his or her health care team.

Effective Telephone Techniques

When the administrative medical assistant is called upon to answer the telephone, he or she must remember to be pleasant at all times. The assistant should identify the medical office and himself or herself by first name. For example, a proper telephone address may be, "Good afternoon, Dr. Nolan's office, this is Susan. How may I help you?" Remember to smile when you answer the telephone. Although the caller cannot see your smile, it will affect the tone of your voice.

Speak clearly and listen carefully to what the caller has to say. Do not put a caller on hold unless it is absolutely necessary. If you must do so, inform the caller that you are putting him or her on hold and about how long it will be before you return. For example, "Mr. Jones, would you please hold for about two minutes while I check with Dr. Nolan?" Do not place a caller on hold until he or she agrees to wait.

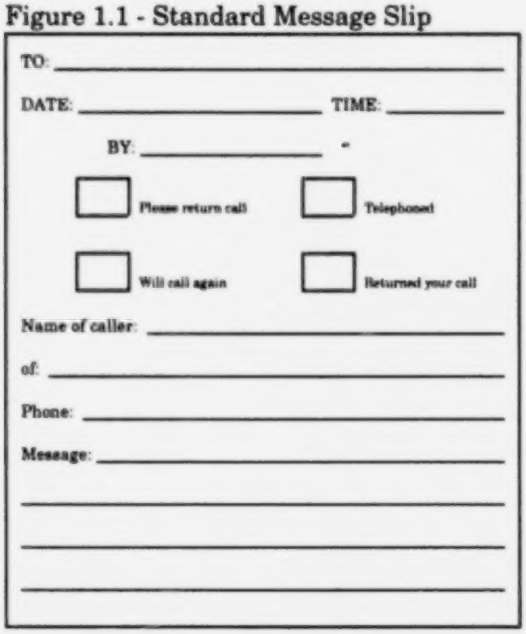
Make certain that you do not leave a caller on hold longer than the length of time you mentioned. If the physician is busy and you cannot speak with him or her within two minutes, take your caller off hold and explain the situation. It may be necessary to return the call later, but you can give the caller a choice: "Thank you for waiting, Mr. Jones. Dr. Nolan is with a client right now. Would you like to hold for five minutes longer, or may I call you back before 2:00 p.m.?"

When you take a caller off hold, thank him or her for waiting. If the caller expects a return call from you or another staff member, indicate when the call will be returned. If you cannot guarantee the caller a return call, do not mention it. For example, if a salesperson wants to speak with the physician personally, the physician may not feel obligated to return the call. In such a case, you may say, "Thank you for waiting, Mrs. Smith. Dr. Nolan is with a client at this time. Would you like to call again later?" Any caller who wishes to speak with the physician should be placed on hold while the assistant checks to see if the physician is available to take the call.

It takes experience in different medical offices to learn how the physician wants return calls to be handled. The administrative medical assistant should make an effort to learn common office practices before assuming the responsibility of answering the phone.

Proper grammar and English usage are vital when speaking with callers. Because the caller cannot see you, his or her only impression of you and the medical office is based on the sound of your voice. If you use improper English, you are giving the caller an undesirable image of the office. For example, if you were to say, "We don't have no file on you, Ms. Taylor. When was the last time Dr. Nolan seen you?" the caller would probably have a lower opinion of your level of knowledge than if you said, "We cannot seem to locate your records, Ms. Taylor. Can you remember the last time you were seen in our office?"

Figure 1.1 - Standard Message Slip



TO: ______________________

DATE: ______________ TIME: __________

BY: ______________

☐ Please return call ☐ Telephoned

☐ Will call again ☐ Returned your call

Name of caller: ______________________

of: ______________________

Phone: ______________________

Message: ______________________

____

____

____

Taking Messages

If the caller is unable to speak with the person he or she called, fill out a telephone message slip with the time and date of the call, the caller's name, and any message the caller leaves. If the caller would like a return call before a certain time, indicate so on the message slip, including a phone number where the caller can be reached. See a sample standard blank message slip in Figure 1.1. Figure 1.2 is an example of a completed message slip.

The following items should be included on a message slip:

- The name of the person with whom the caller wanted to speak,
- The current date,
- The hour and minute the call was received,
- The correctly spelled name of the caller (ask for correct spelling),
- Information regarding who the caller is (a client, salesperson, friend, etc.),
- The subject of the call (a business meeting, client who has a question, etc.),
- Any message the caller wants to leave,
- Your name (the person who took the call), and
- Indication of whether the caller expects a return call or will call later.

If a caller does not volunteer the information you need, ask politely, and make certain to tell the caller you will see to it that the message is received.

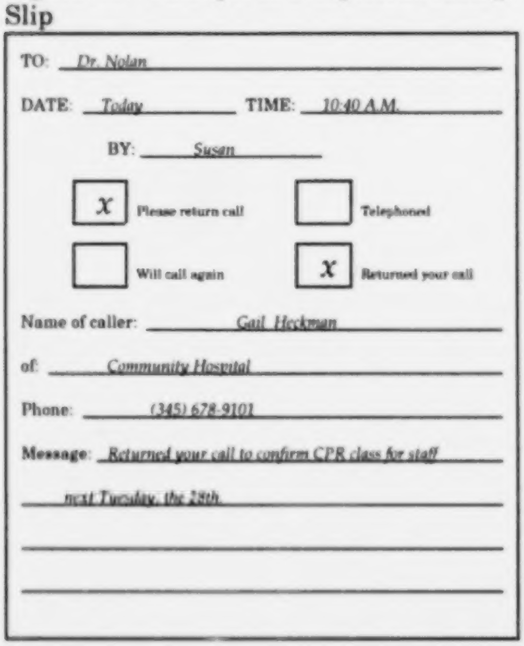
When the physician is unavailable, the administrative medical assistant must NEVER attempt to guess what might be wrong with a client over the telephone. It is illegal for the assistant to make a diagnosis (identify a disease from its signs and symptoms), and it is unethical to lead a client to think that the physician or his or her staff can determine what is wrong with a client without a personal examination and the use of other diagnostic tools. If a client asks what you think may be wrong, politely explain it is up to the physician to make that decision after an examination. The administrative medical assistant should assure the client that his or her symptoms will be relayed to the physician. The administrative medical assistant may then schedule an appointment for the client.

Soon after the assistant has reviewed the message slip for completeness and legibility, the slip should be given to the appropriate person. Most offices may have an area that is designated for messages, such as a cubby, a bulletin board, or a mailbox.

Handling Difficult Situations

On occasion, the assistant may speak with angry clients. When communicating with angry clients, remember that as an administrative medical assistant, you are a representative of the entire office. The way you handle difficult situations is a reflection of how your medical office handles difficult situations. Keep in mind that the hostile or uncooperative client is usually not directing anger toward you personally. Try the following techniques to help you develop a positive attitude toward handling difficult situations with clients on the telephone and in the office.

Figure 1.2 - Example of Completed Message Slip



TO: *Dr. Nolan*

DATE: *Today* TIME: *10:40 A.M.*

BY: *Susan*

☒ Please return call ☐ Telephoned

☐ Will call again ☒ Returned your call

Name of caller: *Gail Heckman*

of: *Community Hospital*

Phone: *(345) 678-9101*

Message: *Returned your call to confirm CPR class for staff next Tuesday, the 28th.*

- Listen to the client's entire story, without interrupting. This strategy alone sometimes helps to defuse the situation.
- Use a calm tone of voice. This helps both parties stay relaxed and confident.
- Do not make excuses. Excuses send the message, "We may have done it, but it is not our fault."
- Do not argue. Avoid rudeness or sarcasm at all costs.
- Do not minimize the problem. This can give clients the impression that you do not think their problems are important enough for your concern.
- Resolve the problem as positively as possible.

The assistant will probably need to involve his or her supervisor at some point when handling a difficult situation. The assistant should never try to handle a serious problem alone. A difficult moment that is handled correctly can improve client relations.

Emergency Calls

Medical emergencies are those situations in which an individual has a life-threatening illness or injury. Every office has a different procedure for handling emergency telephone calls. A common procedure used is to first allow the caller to state the problem. The next step is to get the name and telephone number of the caller so that a return call can be made if the call is disconnected. Once the assistant has obtained this information, he or she should notify the physician of the emergency. Throughout the entire phone call, the caller should never be placed on hold. If the assistant needs to leave the phone to interrupt the physician, he or she should hand the telephone to a coworker. Remember that the administrative medical assistant should NEVER attempt to guess what might be wrong with a client. The client must be examined by the physician before a diagnosis can be made.

Placing a Business Call

Throughout the day, the assistant may place several business calls to clients, physicians, or other business contacts such as office supply vendors. When placing a business call to a client, such as to confirm an appointment, the administrative medical assistant should identify himself or herself and state the reason for the call. The following is an appropriate greeting when calling a client. "Hello, Mrs. Mendez, this is Linda from Dr. Nolan's office. I am calling to confirm your appointment with Dr. Nolan on Friday, February 9th at 11:00 a.m." When confirming an appointment, the assistant should never state the call is to "remind" the client as some clients resent being "reminded."

If the client is unavailable and his or her answering machine answers your call, do not state any confidential information and do not state the nature of your call. Leave your name, the physician's name, and the telephone number. An appropriate message may be, "Hello, Mr. Green. This is Linda from Dr. Nolan's office. Please return my call at your convenience. The telephone number is 555-9180."

Also, do not reveal any confidential information to whomever is taking the message for the client. An appropriate message may be, "Hello, this is Linda from Dr. Nolan's office. Will you please leave a message for Mr. Green to return my call? The telephone number is 555-9180. Thank you." If you give more information than is necessary to receive a return call, you may be breaching client confidentiality.

Additionally, when placing a business call, always keep in mind that you may be calling a client with a hearing impairment or speech impediment. A client with these or any other physical disabilities may find it challenging to answer the phone. The phone should be allowed to ring at least ten times, and the assistant should never become impatient or angry in these situations.

The same rules of proper grammar and English usage apply when speaking with both clients and business contacts. When speaking with business contacts, the assistant should speak clearly and always identify himself or herself. Courtesy and professionalism are important to convey in order to maintain good relationships with business contacts.

Test Your Knowledge: Complete the following activity sheet to test your knowledge of the materials you have studied in this lesson.

Lesson 1: Telephone Etiquette

Activity Sheet

1. List three steps the administrative medical assistant should remember to do when placing a caller on hold.

   a. ______________________________

   b. ______________________________

   c. ______________________________

2. How should the administrative medical assistant handle a caller who wants to speak with the physician personally?

   ____

   ____

   ____

3. List three techniques the assistant can use when handling difficult situations with clients either on the telephone or in the office.

   a. ______________________________

   b. ______________________________

   c. ______________________________

4. According to the procedure described in this lesson, how should the administrative medical assistant handle an emergency call?

   ____

   ____

5. In what ways could the administrative medical assistant breach client confidentiality when placing a call to a client's home?

   ____

   ____

6. Fill in the message slips below for each phone call.

a. Dr. Joe Jackson called the office at 9:15 a.m. to cancel a lunch meeting with Dr. Nolan on Friday at 11:00 a.m. He would like the physician to return his call at his home number (123-4567) before noon tomorrow.

b. Ms. Katy Lee of Ed's Medical Supplies called at 1:00 p.m. to talk with Liz, the office manager. If Liz does not return her call by 5:00 p.m., Ms. Lee will be at Dr. Nolan's office 11:00 a.m. on Friday to demonstrate a new product. Phone number is (123) 456-7890.

TO:

DATE: TIME:

BY:

☐ Please return call ☐ Telephoned

☐ Will call again ☐ Returned your call

Name of caller:

of:

Phone:

Message:

TO:

DATE: TIME:

BY:

☐ Please return call ☐ Telephoned

☐ Will call again ☐ Returned your call

Name of caller:

of:

Phone:

Message:

Clinical/Laboratory Activities

1. With approval from your clinical supervisor, answer the phone and take messages. Remember to always use the standard greeting used at your medical site.

2. Ask your clinical supervisor what kind of emergency telephone calls your clinical site may receive. Discuss the procedure set by your clinical site for handling emergency telephone calls. Compare the procedure at your clinical site with the procedure described in this lesson.

3. At your clinical site, practice placing business calls and leaving messages on answering machines.

4. **Role-play the following situations with your clinical supervisor or a health occupations student. One student should play the administrative medical assistant and another student should play the difficult client.**

   a. Mr. Bradley, a client, has had lab work done recently. The report reveals that Mr. Bradley has a serious illness. The physician wants to see the client to discuss the treatment plan in person. Mr. Bradley says that he is too busy to come into the office and doesn't understand why the physician can't discuss the lab report over the phone. How should the administrative medical assistant handle the situation?

   b. At 9:00 a.m. Mrs. Rogers calls and demands an appointment with the physician. She is having vague symptoms , headaches, aches, and pains that have come and gone over the last six months. She isn't in severe pain but she wants to see the physician NOW! Tylenol® relieves the pain, but she has decided that she must see the physician today. The physician is leaving the office at 10:30 to speak at a conference. The administrative medical assistant must ensure that the client is properly cared for while making sure the physician is not late for the conference.

5. Complete the self-test below to rate your telephone voice. Be honest with your answers and make a note of the qualities that need improvement. Practice improving your telephone voice when speaking with friends and family over the telephone.

HOW DO YOU RATE YOUR VOICE?

In the spaces below, answer *yes* or *no* to rate your voice.

a. **Emphasis**
   My voice sounds intersting and lively ____
   My voice sounds mechanical and listless ____
   Everything I say sounds the same ____

b. **Rate**
   I speak too rapidly ____
   I speak too slowly ____
   I speak at a moderate rate ____

c. **Pitch**
   My voice is high-pitched ____
   My voice is low-pitched ____
   My voice is interesting and varied in pitch ____

d. **Quality**
   My voice quality tends to be...
      Hard ____
      Soft ____
      Warm ____
      Cold ____

e. **Volume**
   My voice tends to be...
      Too loud ____
      Too soft ____
      Nasal ____
      Breathy ____
      Pleasant ____

f. **Clear Enunciation**
   I cut my final "Gs" ____
   I squeeze my words together ____
   I pronounce each word clearly and distinctly ____
   I asked to repeat what I say ____

g. **My Voice Has...**
   Vitality ____
   Expression ____
   Naturalness ____
   Pleasantness ____
   Intelligibility ____

Lesson 2:
Effective Communication

Objectives:

A. Identify the impact of verbal and nonverbal communication on the medical office business.

B. Demonstrate appropriate greetings when interacting with clients.

C. Meet the communication needs of the client.

D. Identify special techniques used in communicating with the pediatric client.

E. Identify special techniques used in communicating with geriatric clients, clients with visual or hearing impairments, and clients with disabilities.

F. Demonstrate effective communication among coworkers.

Effective communication skills are essential for the administrative medical assistant. The assistant interacts with people all day long and must be able to communicate with clients of all ages and clients with impairments. Effective communication can be used to ultimately build and keep business for the medical office.

Verbal and Nonverbal Communication

Communication is the meaningful exchange of information, ideas, thoughts, and feelings. *Verbal communication* is achieved through spoken words, and when effective, it brings about a mutual understanding between the participants. Tone and quality of voice add to the overall exchange. Communication does not only involve spoken words.

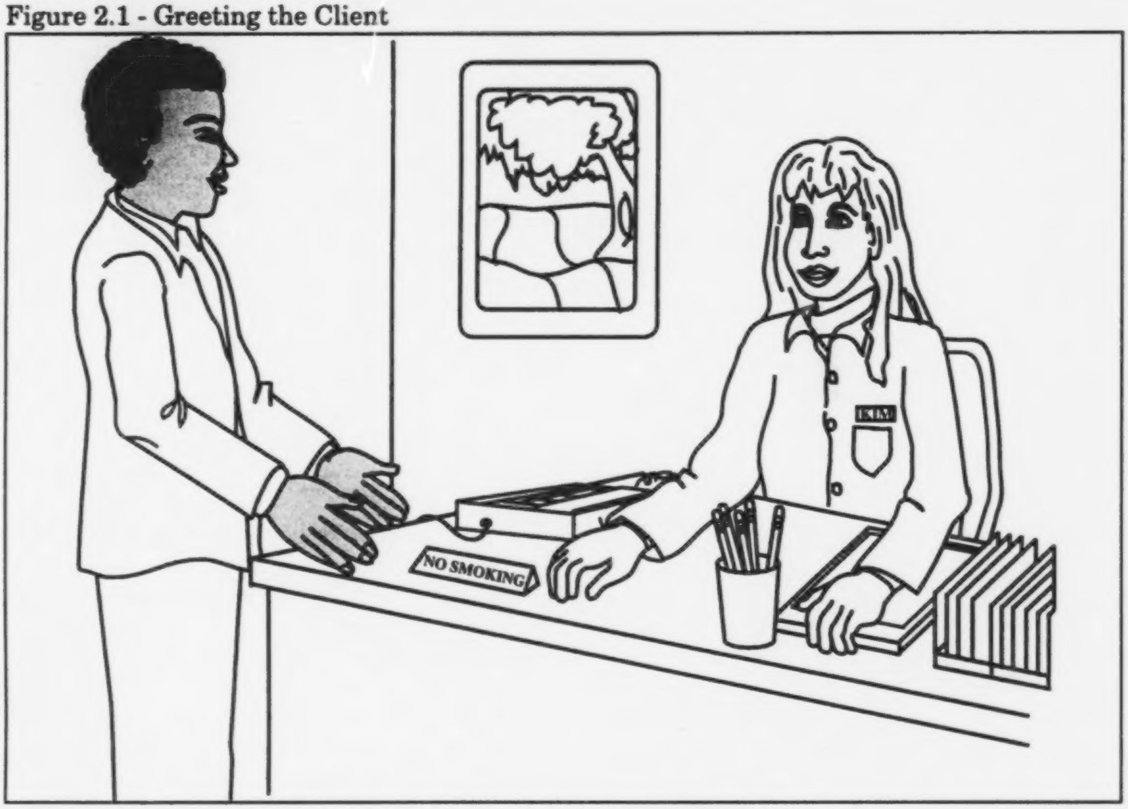
Nonverbal communication is a way of communicating without words. Facial expressions, gestures, posture, and distance between the sender and the receiver are all forms of nonverbal communication. Nonverbal communication can complement or conflict with the verbal message. For example, if the assistant's posture is slouched and he or she yawns while communicating with a client, the client may think the assistant is bored or not interested in his or her needs. Although this may not be true, it is the nonverbal message that has been sent to the client. Good eye contact is an example of effective nonverbal communication frequently used in the medical office. Eye contact can let clients know they are noticed, heard, and that they are important enough for your attention.

It is important for all health care personnel to be aware of the messages they are sending through verbal and nonverbal communication so that the receiver does not misunderstand the message.

Greeting the Client

The administrative medical assistant will often be the first person in the medical office to greet a client (Figure 2.1). Communicating with clients in a friendly and professional way can enhance the relationship between the client and the medical office and help to keep or build business. Interacting with clients can be a fun part of the workday. Keep in mind, however, that clients are not always receptive to the friendly intentions of the medical office staff. It should be acknowledged that the clients who visit a

Figure 2.1 - Greeting the Client



medical office are often acutely ill and are probably not in a good mood. Clients who are seen repeatedly may be challenged by a chronic illness.

When greeting clients, always give them your complete attention. Look them in the eye, speak in a pleasant tone of voice, and greet them as such, "Hello, Mrs. Mendez. I see that you are here for your 11:00 a.m. appointment. If you will just take a seat in the reception area, Dr. Nolan will be with you in about ten minutes." The assistant should never have gum, candy, or food in his or her mouth when communicating with clients, whether in the office or on the telephone. Gum, candy, and food are distractions; clients will not be able to hear you speaking when you have objects in your mouth.

Clients who have appointments should be advised as to how long it will be before they are escorted into the treatment or consultation area. If their wait will be longer than they were first told, the assistant should tell the client how much longer it will be. The receptionist or other members of the staff can help to determine this information for the administrative medical assistant.

In the case of a non-emergency, a visitor without an appointment should be asked to take a seat while the assistant checks if the physician is available. If the visitor cannot be seen by the physician, the assistant should either take a message for the visitor or provide paper, pen, and an envelope so the visitor can leave a message. In the case of an emergency, the assistant should follow the office procedure for handling emergencies.

Clients are not an interruption in your work, they are the reason for your work. If you cannot take care of their needs immediately, you should acknowledge them in a friendly way and say, "I will be with you in a moment." After you finish the first duty, look the waiting client directly in the eye and say something like, "Now, how can I help you today?" This should communicate that it is now their turn and you will not cheat them to hurry on to other duties. You should never keep a client waiting while you finish a routine project such as filing papers or straightening the reception area. Clients always come first.

Communication Needs of the Client

Under certain circumstances, the administrative medical assistant will need to alter his or her communication skills in order to meet the needs of a client. Any client or visitor with physical impairments such as blindness, deafness, or being in a wheelchair must be treated with dignity and respect. At the same time, the impairment must usually be addressed in order to provide medical care. For example, the assistant should ask a client with visual impairments if he or she would like to be led into the examining room. It is important for medical personnel to project caring and professional attitudes and not take it personally if clients seem unresponsive or unappreciative. Most offices have policies for dealing with clients with physical impairments, and the assistant should be trained in these policies. A good rule of thumb is to treat others the way you would want to be treated if you were in their position.

The assistant should also learn to communicate with clients of all ages. Age and age differences can often create communication barriers for the assistant. Geriatric (elderly) clients may have barriers to good communication, such as hearing loss or Alzheimer's disease. Pediatric clients may have barriers because they are fearful of the environment, for example. The assistant should strive to improve communication and make clients feel as relaxed as possible.

Communicating with the Pediatric Client

A child's first visit to the physician will usually affect how he or she views health care for a long time to come. Most infants and young children (0 to 6 years old) are fearful on their first few visits, and the administrative medical assistant can be valuable in helping children enjoy their visits to the physician as much as possible. By allowing the child to explore the environment, the child will most likely become more relaxed and familiar with the medical office setting. Young children are curious and want to learn more about their surroundings. If it is appropriate, the administrative medical assistant should let young children handle a stethoscope or play with a tongue depressor. It may be necessary for the assistant to comfort a small child by holding him or her when the parent or guardian is not in the examination room.

School-aged children (6 to 12 years old) and adolescent children (12 to 20 years old) are concerned with body integrity and should be given privacy. Demonstrating how equipment works may be helpful in lessening the fears of school-aged children. Adolescent children fluctuate between childish and adult thinking and behavior. When talking with adolescents, the assistant should avoid imposing values or judgments or showing gestures of disapproval. Embarrassing questions or the impulse to give advice should also be avoided.

Communicating with Clients with Disabilities or Impairments

Because of sensory alterations and motor disabilities, the elderly clients often have communication problems. Sensory alterations prevent the elderly from receiving messages clearly. Most elderly people adapt to sensory losses and learn to communicate effectively.

When the client has impaired hearing, the assistant can improve communication by making sure the hearing aid is clean, inserted properly, and has a functioning battery. If necessary, adjust the volume of the hearing aid to a comfortable level. Speak slowly and clearly, and try to use simple sentences. Remember to speak in a low tone of voice; high-pitched voices can be difficult to hear. Some clients with impaired hearing read lips; therefore, the assistant should stand in front of the client so the client is able to read lips. Also, by reducing background noise and speaking toward the client's best ear, the client may be better able to hear what is being said. Other clients may prefer to use written communication with the assistant. Lastly, the assistant can improve communication by using proper grammar at all times. Avoid using trendy phrases or terms that the elderly or clients with hearing impairments may not understand.

When escorting a client with a visual impairment to the examination room, allow the client to take your arm at the elbow and lead him or her. When a client has visual impairments, it is important to announce oneself when entering the examining room. Inform the visually impaired client when you leave the room. It may be necessary for the assistant to assist the client when leaving the office as well. In any case, the assistant should first ask the client if he or she would like assistance before actually helping him or her. Some clients may not need or want help.

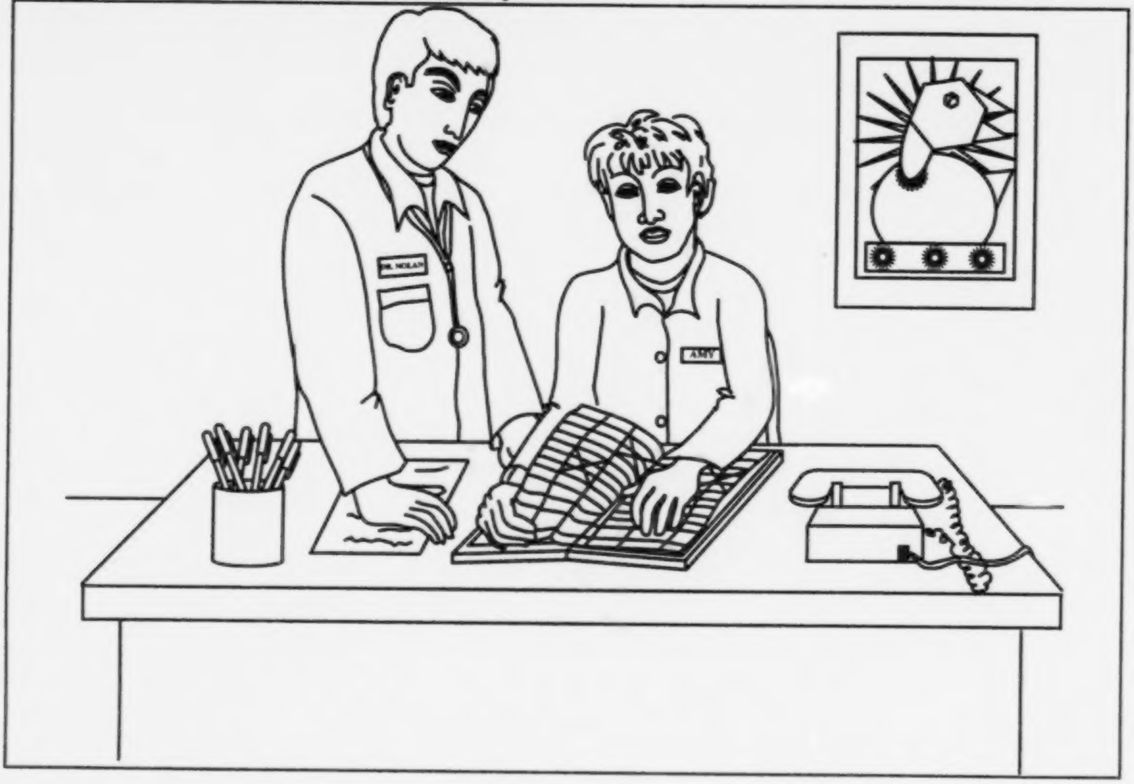
Aphasia is the defect or loss of the power of expression by speech, writing, or signs, or comprehension of spoken or written language, due to injury or disease of the brain centers. When a client has aphasia, ask simple questions that require a "yes" or "no" answer. Allow time for the client to understand and respond to the question and use *visual* cues such as pictures and objects when possible. Clients with aphasia may not have impaired hearing, so do not shout or speak too loudly.

When communicating with any client with an impairment, the assistant should be careful not to draw attention to the client. For example, the assistant should be discreet when escorting a visually impaired client into the examination room. There is no need for the assistant to announce to the entire office that he or she will be escorting the client. Drawing attention to clients may embarrass them or make them feel helpless. Keep in mind that the assistant should be courteous and helpful when communicating with all clients.

Communicating with the Physician and Coworkers

Medical office team members not only work closely with clients all day long, but they also work in a confined space with each other (Figure 2.2). It is important for staff members to express themselves in a mature and polite fashion when conflicts arise. Many times, the source of a problem is not a lack of consideration for others, but a

Figure 2.2 - Communicating with the Physician



matter of realizing that certain practices normal to one person may be annoying to another. Communication between staff members should be open and respectful. Figure 2.2 shows effective communication between the physician and the assistant.

Test Your Knowledge: Complete the following activity sheet to test your knowledge of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written unit evaluation. A score of at least 80 percent indicates that you may proceed to the next unit. Review any materials incorrectly answered.

Lesson 2: Effective Communication

Activity Sheet

1. List two ways in which nonverbal communication can have a negative impact and two ways in which nonverbal communication can have a positive impact on the medical office business.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

2. List three possible barriers to effective communication.

a. ______________________________

b. ______________________________

c. ______________________________

3. List a greeting to a client that is appropriate in the medical office.

____

____

4. In what ways can the administrative medical assistant lessen the fears of the pediatric client?

____

____

5. List three ways the assistant can overcome communication barriers when communicating with a geriatric client.

a. ______________________________

b. ______________________________

c. ______________________________

6. Why is it important for the assistant to have open and respectful communication with coworkers?

Clinical/Laboratory Activities

1. **Role-play the following situations. One student should play the administrative medical assistant and another student should play the client.**

   a. Mr. Conley came into the office without an appointment this morning. He has never been seen by the physician, but has had a severe fever and cough for the past three days. The physician doesn't normally see "drop-in" patients. How should the administrative medical assistant handle the situation?

   b. Mrs. McCloskey, a client with a visual impairment, is visiting the medical office for the first time today. She says she does not want you to escort her into the examination room, yet she does not know where the examination room is located. How should the administrative medical assistant handle the situation?

   c. Mr. Petersen is a geriatric client with a hearing impairment. Even though the administrative medical assistant speaks slowly and clearly toward his best ear, Mr. Petersen still cannot hear. The administrative medical assistant must tell Mr. Petersen that he needs to give a urine specimen. How should the administrative medical assistant handle the situation without embarrassing him?

2. With your clinical supervisor's approval, greet clients at your clinical site. Use the kind of professionalism that is discussed in this lesson.

Unit Checklist

Student Name ________________________ Overall Unit Rating __________

Activity Sheet: Telephone Etiquette Rating ______

Comments: ____

____

____

Activity Sheet: Effective Communication Rating ______

Comments: ____

____

____

Written Unit Evaluation Score ______

Additional Comments: ____

____

____

Teacher Signature ____________________ Date ____________________

Student Signature ____________________ Date ____________________

Unit III

Safety

Regulations of the Occupational Safety and Health Administration (OSHA) pertinent to the medical office are discussed in this unit. Techniques for infection control are also covered. Upon completion of this unit, you should be able to differentiate between Universal Precautions and Body Substance Precautions (BSP) and understand the importance of applying BSP. Unit III also identifies medical emergencies and discusses how the assistant should handle emergencies in the medical office.

Unit Lessons

Infection Control and Occupational Safety

Handling Emergencies in the Medical Office

Lesson 1:
Infection Control and Occupational Safety

Objectives:

A. Identify the purpose of OSHA.

B. Identify OSHA regulations pertinent to the medical office and their implications for office operations and procedures.

C. Locate the OSHA manual in the medical office.

D. Locate the Material Safety Data Sheet (MSDS) in the medical office.

E. Differentiate between Universal Precautions and Body Substance Precautions (BSP).

F. Utilize Body Substance Precautions in the medical office.

Key Terms:

- Occupational Safety and Health Administration (OSHA)
- Hazardous chemicals
- Material Safety Data Sheet (MSDS)
- Bloodborne Pathogens Standard
- Universal Precautions
- Body Substance Precautions (BSP)

Occupational Safety and Health Administration

The **Occupational Safety and Health Administration** (OSHA) is a Government agency responsible for monitoring the health and safety of employees in America's workplaces. Consequently, OSHA regulations are designed to help keep workers safe while on the job, and OSHA can penalize employers who do not follow regulations and guidelines. Every worker should know the location of the OSHA manual.

OSHA Regulations

For the administrative medical assistant, OSHA regulations may require that certain procedures be followed in order to minimize the risk of falls due to spills or obstructions in the reception area or office. OSHA regulations also affect the handling and disposal of chemicals and of items potentially infected with bloodborne pathogens.

Hazard Communication Standard

The Hazard Communication Standard ensures that the hazards of chemicals are evaluated and that information concerning their hazards is transmitted to employers and employees. It is designed to protect ALL employees in America from potential injury or illness caused by contact with chemicals in the workplace. Specifically, OSHA regulates the handling and disposal of potentially hazardous chemicals. **Hazardous chemicals** are products that pose a danger to people or the environment, and certain cleaning fluids or some medications used in the medical office may be classified as such.

The OSHA Hazard Communication Standard applies to all employees within the medical office, even those who are part-time or contracted. The Hazard Communication Standard is also known as a "Right-to-Know" law; employees have the right to know about health hazards in the workplace and how to protect themselves from such hazards.

Each employer must establish a written hazard communication program for his or her workplace and designate one person to coordinate the program. This program must be outlined in writing and tailored to that specific workplace. OSHA determines what types of chemicals are hazardous, and employers are required to provide information and training regarding each hazardous chemical in the workplace. Manufacturers of these chemicals must provide a Material Safety Data Sheet for each product. The **Material Safety Data Sheet (MSDS)** provides highly specific information about a particular hazardous chemical, the threat it poses to an employee's health, and the treatment for accidental exposure. It also contains 24-hour emergency and information phone numbers, information about the chemical, and recommendations for personal protective equipment that should be used when working with the chemical. See a mock MSDS in Figure 1.1.

Employers are responsible for obtaining an MSDS for each hazardous chemical located within the workplace. The MSDS should be easily accessible so that all employees can refer to it at will. The administrative medical assistant may be responsible for filing or posting the MSDS in the medical office. The assistant should refer to the MSDS if he or she has any questions about hazardous chemicals.

Bloodborne Pathogens Standard

Another OSHA regulation that affects the medical office is the **Bloodborne Pathogens Standard**. This standard regulates the work practices of employees who are exposed to blood or other potentially infectious materials (BOPIM) in the course of performing their job duties. Since all medical offices have a copy of OSHA's Bloodborne Pathogens Standard for worker review, only a brief summary is included here. As stated earlier, every worker should know the location of the OSHA manual.

Employers must determine and document which job titles and duties within the office place employees at risk of exposure to BOPIM. The administrative medical assistant may be at risk for exposure to BOPIM depending on his or her responsibilities in a specific medical office. Every assistant should check with his or her supervisor to determine if his or her job is classified as a potential risk. The employer must also have a plan detailing how the workplace will meet the components of the Bloodborne Pathogens Standard. The Standard lists specific practices that should be followed to protect employees from contact with BOPIM. These practices include utilizing good hand washing techniques, following Universal Precautions, wearing appropriate personal protective equipment (e.g., gloves, gown), disposing of wastes properly, and following proper techniques for cleaning up work areas and spills. Employers must also offer the Hepatitis B vaccine to all occupationally exposed employees, provide post-exposure evaluation and follow-up, provide employee training, provide proper labeling for containers holding substances contaminated with BOPIM, and maintain training and medical records of employees.

Universal Precautions vs. Body Substance Precautions

To protect clients, coworkers, and themselves, medical office personnel, including administrative medical assistants, must practice infection control techniques. In the past, many infection control practices where based on the client's diagnosis. Since clients can be contagious before they are diagnosed with an infection,

Material Safety Data Sheet

Any Chemical Company • 500 Anywhere • USA 00000-0000

"The information herein is given in good faith, but no warranty, expressed or implied, is made"

Emergency Telephone No.: 1-800-000-0000

Date Prepared: April, 1996

SECTION I

Chemical Name and Synonyms: Providone Iodine Solution USP, PVP-I

Trade Name: Iodine Solution (10% Providone Iodine = 1% Available Iodine)

Chemical Family: Polymer, complex of Polyvinylpyrrolidone with iodine

Formula: (C_6H_9NO) n x I

CAS Registry No.: 0000.00

SECTION II: INGREDIENTS

Name	Percent (%)	TLV	Toxicological Data
Providone Iodine USP	10.00	•	Mouse, Oral LD_{50}>8100mg/kg Rat, IV LD_{50}>540mg/kg
Glycerin	1.25		
Igepal	.30		
Purified Water	88.45		

No component is listed by NTP or IARC •Not Established as having Carcinogenic Potential

SECTION III: PHYSICAL DATA

Specific Gravity: (25°C.) 1.025 **pH:** <6.0

Appearance & Odor: Reddish brown, clear liquid, faint odor

SECTION IV: FIRE AND EXPLOSION HAZARD DATA

Flashing Point (method used): Not flammable **Flammable Limits:** None

LEL: n/a **UEL:** n/a

Extinguishing Media: n/a

Special Fire Fighting Procedures: n/a **Unusual Fire & Explosion Hazards:** None

SECTION V: HEALTH HAZARD DATA

Threshold Limit Value: None established by OSHA or ACGIH

Effect of Overexposure: This product is generally recognized as safe when used as a logical antimicrobial agent. Prolonged exposure to wet solution may cause local irritation to the skin. Elevated concentrations of iodide in the serum may occur if excessive amounts of iodine are absorbed through broken skin, burns, or deep wounds. Iodine may also be absorbed through the lungs and from the gastrointestinal tract. High concentrations of iodide in the serum may produce alterations in thyroid, renal disturbances, acidosis and electrolyte disturbances.

Emergency and First Aide Procedures:

For Eyes: Immediately wash with running water for 5 minutes. Get medical attention if irritation persists

For Skin: Avoid prolonged contact with excess wet solution. If irritation develops, get medical attention.

For Ingestion: If swallowed, DO NOT INDUCE VOMITING. Drink several glasses of water or milk. Obtain immediate medical attention.

For Inhalation: If fumes cause respiratory discomfort, move to fresh air. Get medical attention if respiratory discomfort persists.

SECTION VI: REACTIVITY DATA

Stability: Stable **Storage:** Store at room temperature.

Incompatibility: Not stable toward reducing agents or strong alkalies.

Hazardous Decomposition Products: None

Hazardous Polymerization: Will not occur

Conditions to Avoid: None **Corrosive to Metal:** Yes

Type: Iron; can discolor gold or silver **Oxidizer:** Yes

SECTION VII: ENVIRONMENTAL DATA

Steps to be Taken in Case Material is Released or Spilled: Spills should be cleaned up as soon as possible; wash affected area with dilute ammonia or dilute sodium thiosulfate solution and copious quantities of water.

Waste Disposal Method: Do not discharge more than minute quantities into waterways or sewer systems. Neutralize with sodium thiosulfate prior to disposal.

Hazardous Substance Under "Superfund": No **Hazardous Waste, 40 CFR 261:** No

Hazardous Waste Number: n/a

Container Disposal: In a similar manner as other plastic bottles.

SECTION VIII: SPECIAL PROTECTION

Respiratory Protection (Specify type): n/a **Protective Gloves:** n/a

Ventilation: Local Exhaust: n/a **Special:** n/a

Mechanical (General): n/a **Other:** n/a

Eye Protection: n/a **Other Protection Equipment:** n/a

SECTION IX: SPECIAL PRECAUTIONS

Precautions to be taken in Handling and Storage: n/a **Other Precautions:** n/a

National Fire Protection Association (NFPA)

Rating Degrees of Hazard:

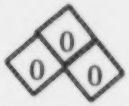


Figure 1.1 - Mock Material Safety Data Sheet

BEST COPY AVAILABLE

it is more reliable to treat all clients as if they have an infectious disease.

Universal Precautions is a system that makes a step toward this direction. The Universal Precautions System was developed by the Centers for Disease Control and Prevention to protect health care workers from bloodborne pathogens such as Hepatitis B virus (HVB) and human immunodeficiency virus (HIV). Under **Universal Precautions**, all blood and certain body fluids of all clients are considered as potentially infectious for bloodborne pathogens. Since bloodborne pathogens are NOT transmitted by saliva, urine, feces, nasal secretions, sputum, vomitus, teardrops, or sweat, this system does not pertain to these body fluids unless they contain visible blood. This system does not address the risks of transmission of non-bloodborne pathogens to health care workers and to clients.

For these reasons the Body Substance Precautions system was developed. **Body Substance Precautions (BSP)** provide a consistent approach to managing body substances from all clients and are essential in preventing transmission of potentially infectious agents. Body Substance Precautions focus on keeping ALL body substances from the hands of health care workers. This includes blood, feces, urine, wound drainage, tissues, oral secretions, and other body fluids. Since BSP includes the body substances that are covered under Universal Precautions, a worker would be practicing Universal Precautions as well as taking extra precautions.

BSP are accomplished through increased use of gloves and frequent and meticulous hand washing. The use of a face mask, eye protection, and protective clothing is necessary when it is likely that mucous membranes will be splashed with body substances. Body Substance Precautions eliminate ritualistic practices associated with traditional isolation systems and increase the use of barriers for all contact with body substances. Body Substance Precautions are consistent with recommendations from the Centers for Disease Control and Prevention, the American Hospital Association, and the Occupational Safety and Health Administration.

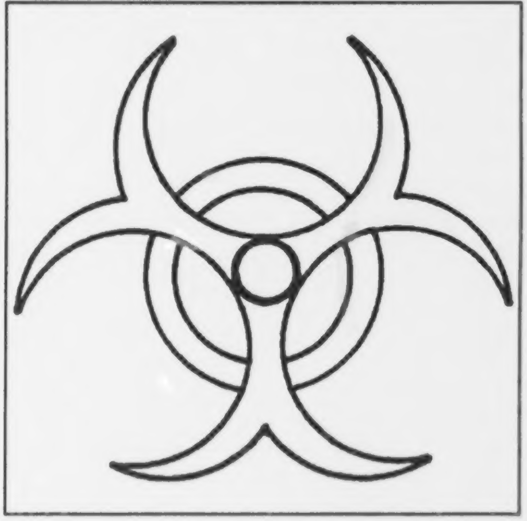
Applying BSP in the Medical Office

Body Substance Precautions must be followed when it is likely that the administrative medical assistant will come into contact with any body substance. This does not mean that the assistant should wear gloves when shaking a client's hand. Exact situations vary depending upon the medical office and the responsibilities of the administrative medical assistant. Some administrative medical assistants may never work in the clinical aspects of the medical office.

When interacting with clients at the front desk, the administrative medical assistant should use BSP when clients bring in specimens such as urine, feces, or semen. The assistant should follow the procedures established by the office. A common procedure is to have the client place the specimen container in a plastic bag with the biohazard symbol (Figure 1.2) on the outside.

If the administrative medical assistant is sterilizing or disposing of sharps such as needles, syringes, or razor blades, it is extremely important to use Body Substance Precautions. If the assistant is handling soiled linens and dressings, BSP should be followed. Linens should be placed into specially marked bags with the biohazard symbol, indicating that they contain

Figure 1.2 - Biohazard Symbol



potentially infectious material. Soiled disposable linens and soiled dressings may be placed in a separate container labeled with the biohazard symbol.

The assistant may be responsible for cleaning up spills in the front office area and the waiting room. If the spill is a body substance, BSP should be followed. Other precautions may need to be followed if the spill is some other substance such as a chemical. As stated earlier, the administrative medical assistant must apply Body Substance Precautions in all situations when it is likely that he or she will come into contact with potentially infectious body substances.

Test Your Knowledge: Complete the following activity sheet to test your knowledge of the materials you have studied in this lesson.

Lesson 1: Occupational Safety and Health Administration

Activity Sheet

1. What is the main function of OSHA?

2. List two ways in which OSHA regulations affect the administrative medical assistant.

   a. ____________________

   b. ____________________

3. What is the Hazard Communication Standard and what are its implications for the administrative medical assistant? Why is it known as the "Right-to-Know" law?

4. What are the differences between Universal Precautions and Body Substance Precautions?

5. List three situations in which Body Substance Precautions must be applied.

   a. ____________________

   b. ____________________

   c. ____________________

6. How are Body Substance Precautions accomplished?

____

____

____

Clinical/Laboratory Activities

1. Locate the OSHA Bloodborne Pathogens Standard at your clinical site. After discussing the importance of the standard with your clinical supervisor, write an essay summarizing your findings.

2. Locate a Material Safety Data Sheet (MSDS) at your clinical site and discuss it with your clinical supervisor.

3. Ask your clinical supervisor what kind of precautions are used at your clinical site. Discuss instances in which the administrative medical assistant should use Body Substance Precautions.

4. Locate the biohazard bag and contaminated clinical sharps container at your clinical site.

Lesson 2:
Handling Emergencies in the Medical Office

Objectives:

A. Identify emergencies in the medical office.

B. Respond appropriately to medical emergencies.

C. Locate emergency equipment in the medical office.

Key Terms:

- Universal emergency identification bracelet
- Crash cart

When is a medical condition considered an emergency? A medical emergency occurs when a medical condition suddenly threatens the life or well-being of a person or a group of people. Medical emergencies are often unpredictable. For instance, a client who walks in the medical office and is severely bleeding may be considered an emergency situation. On the other hand, a client may already be in the office for an appointment when he or she suddenly becomes seriously ill. The client may indicate that he or she is very concerned about symptoms that have just developed or worsened or the client may even become unconscious. Regardless of the situation, the medical office assistant should remain calm and follow the office procedure for handling emergencies.

Medical Emergencies

Medical emergencies are those situations in which an individual has a life threatening or extremely serious illness or injury. Swift and decisive action is needed under these circumstances. The major types of emergencies the assistant may encounter in the medical office can be grouped by body system: nervous, circulatory, respiratory, musculoskeletal, and integumentary. Depending upon the physician's specialty, the administrative medical assistant may see few to many different emergencies.

Although the following list does not include all emergencies, it covers a majority of the emergencies encountered in medical offices. Neurological system emergencies include convulsions, fainting, shock, or stroke. Emergencies of the circulatory system include hemorrhage and heart attack. Emergencies of the respiratory system include acute shortness of breath and asthma attack. Emergencies of the skeletal system include severe dislocation of joints, compound fractures, and severe strains or sprains of joints. Emergencies involving the integumentary system (skin) include severe bites, bee stings, burns, or wounds of the skin.

Medical Emergency Responses

The medical office should always have an established policy and steps to follow in the case of an emergency. In any case, the administrative medical assistant should notify the physician and/or nurse and be prepared to give CPR and first-aid treatment.

If a physician or nurse is not available to treat the client immediately, the assistant can help by obtaining as much information as possible regarding the illness or injury. Calmly ask the client questions about what he or she is experiencing. If the client is unconscious, the assistant should check for a Universal Emergency Identification Bracelet. The **Universal Emergency Identification Bracelet** can indicate a diagnosed condition that may give a clue as to what is happening to the client. For example, a client with diabetes might wear a bracelet stating his or her condition in order to get treatment as soon as possible after becoming unconscious. Clients may also carry a card in their wallet which states their condition.

If the client can walk, assist him or her to an examination room so treatment can begin promptly. If client is unconscious, check for a pulse and respirations. Again, the assistant should always follow the established procedures in the medical office.

The client should never be left alone, even for a short time. The client should be observed at all times. In the case that the client's condition becomes worse, a medical office staff member needs to know what is happening so he or she can assist the client and report the client's condition to the physician.

Emergency Equipment in the Medical Office

Each office has emergency medical equipment for handling medical emergencies. It is extremely important for the assistant to know where this equipment is located so that no time is wasted looking for the equipment when the physician is treating the individual. The **crash cart** is a cart with several drawers used for holding medications, airways, needles, syringes, tubes to collect blood samples, masks for administering oxygen, and a back board for administering CPR. On the top of the crash cart there may be a cardiac defibrillator.

The office should also have a small tank of oxygen that can be administered to a client if necessary. The assistant should also know the location of fire alarms and fire extinguishers.

Test Your Knowledge: Complete the following activity sheet to test your knowledge of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written unit evaluation. A score of at least 80 percent indicates that you may proceed to the next unit. Review any materials incorrectly answered.

Lesson 2: Handling Emergencies in the Medical Office

Activity Sheet

1. What is a medical emergency?

2. List four examples of medical emergencies.
   a.
   b.
   c.
   d.

3. How should the administrative medical assistant respond to a medical emergency?

4. Why should the client in an emergency situation be observed at all times?

5. Why is it important to know where emergency equipment is located in the medical office?

Clinical/Laboratory Activities

1. Ask your clinical supervisor what kind of medical emergencies you may encounter at your clinical site. Discuss the procedure for responding to emergencies at your clinical site.

2. Locate the emergency equipment at your clinical site. Is it located in an area that is easily accessible?

3. Discuss with your clinical supervisor the function of each piece of equipment on the crash cart. Familiarize yourself with each item so that you can identify them.

4. Ask your instructor if you can practice CPR on a mannequin.

Unit Checklist

Student Name ______________________________ Overall Unit Rating __________

Activity Sheet: Infection Control and Occupational Safety Rating _____

Comments: ____

____

____

Activity Sheet: Handling Emergencies in the Medical Office Rating _____

Comments: ____

____

____

Written Unit Evaluation Score _____

Additional Comments: ____

____

____

Teacher Signature ______________________________ Date ________________

Student Signature ______________________________ Date ________________

Unit IV

Office Management Techniques

Unit IV discusses various types of filing systems as well as how to file alphabetically and numerically. Typical duties of the administrative medical assistant such as scheduling appointments, maintaining the reception area, operating business machines, and screening, sorting, and distributing mail are discussed in this unit. Composition of business communication is also discussed in Unit IV. Upon completion of this unit, you should be able to compose a business letter and memo.

Unit Lessons

Filing

Scheduling

Maintaining the Front Office and Reception Area

Written Communications

Lesson 1:
Filing

Objectives:

A. Identify different filing methods.

B. Differentiate between direct and indirect filing systems.

C. File medical records in alphabetical order.

D. File medical records in numerical order with color-coding.

Key Terms:

- Alphabetical filing
- Numerical filing
- Chronological filing
- Subject filing
- Direct access
- Indirect access
- Alphanumeric filing system

Filing is a common task of the administrative medical assistant that must be done accurately. Organized files allow the physician to quickly access information and help in providing excellent health care.

Filing Systems

Filing accurately and systematically is important for keeping the office running smoothly. When a record is filed in the wrong place or a report is filed in the wrong record, much time and energy can be lost searching for the misfiled items. There are four primary methods of filing: alphabetically, numerically, chronologically, and by subject matter.

Alphabetical filing is a method of arranging records according to the alphabetic order of a key word, usually the name of an individual. **Numerical filing** is a method of arranging records in numeric sequence. **Chronological filing** is a method of arranging records by dates in order of occurrence. **Subject filing** is a method of arranging records alphabetically according to the content of the record. Most medical offices use alphabetical and numerical filing systems when filing medical records.

There are two systems for filing: direct access and indirect access. In the **direct access** system, records are located by going directly to the files and referring to the name on a particular file. Alphabetical filing is an example of a direct access system. The **indirect access** system requires the use of an index that must be consulted before a record can be obtained. Numerical filing is an example of an indirect access system. The direct access system is time-efficient, whereas the indirect system provides greater confidentiality.

Alphabetical Filing

Alphabetical filing is a direct system of arranging records according to the alphabetic order of a key word, usually the name of an individual. The client's last name, or surname, is the primary indexing unit, the first name is the secondary indexing unit, and the middle name or middle initial is the third unit. When filing alphabetically, it is important to keep in mind that nothing comes before something. This means that a name consisting of one letter comes before a name that begins with the same letter. It also means a name consisting of one word is filed before a name that consists of the same word plus one or more other words.

Table 1.1 - Individual Names

Name	Unit 1	Unit 2	Unit 3	Unit 4
Levitt	Levitt			
D. Levitt	Levitt	D.		
D. Samuel Levitt	Levitt	D.	Samuel	
Brian Levitts	Levitts	Brian		
Brian Lloyd Levitts	Levitts	Brian	Lloyd	
Brian Lloyd Gwinn Levitts	Levitts	Brian	Lloyd	Gwinn

Table 1.2 - Prefixes

Name	Unit 1	Unit 2	Unit 3	Unit 4
Susan P. MacDonald	MacDonald	Susan	P	
R. J. MacLean	MacLean	R.	J.	
Justin B. McLean	McLean	Justin	B.	
Candice Marie Obright	Obright	Candice	Marie	
K. Beth O'Connor	OConnor	K.	Beth	

The following guidelines are just some of the key points the assistant should keep in mind when filing alphabetically. Only certain guidelines may apply in particular medical offices.

Filing Client Medical Records Alphabetically

Guideline #1: Individual Names

Client names should be alphabetized in this order: surname (last name), first name, and middle name or middle initial (if any). Each part of the name should be treated as a separate unit.

Guideline #2: Prefixes

A prefix is also called a surname particle. For example, *O'* is the prefix in the surname O'Brien and *Van* is the prefix in the surname VanBuren. Consider the prefix in a surname as part of the name, not as a separate unit. Ignore the apostrophes in surnames when indexing. The prefix "St." should be indexed as though it is spelled out (Saint).

Guideline #3: Hyphenated Names

Consider all hyphenated personal names as one indexing unit. Ignore the hyphen when indexing.

Guideline #4: Addresses

When two clients have exactly the same name, they are indexed by their names and addresses. Alphabetize by name, state, city, street and lastly, by number, from the lowest to the highest number. Geographical

Table 1.3 - Hyphenated Names

Name	Unit 1	Unit 2	Unit 3	Unit 4
Lily Rubinson	Rubinson	Lily		
Amy K. Rubin-Stein	RubinStein	Amy	K.	
Diane Lynn Rubins-Wyman	RubinsWyman	Diane	Lynn	
S. Barbara Rubins-Young	RubinsYoung	S.	Barbara	

Table 1.4 - Addresses

Name	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 4
Janet Walker	Walker	Janet	Texas	Dallas	184 Oak	
Janet Walker	Walker	Janet	Texas	El	Paso	12 Cherry
Janet Walker	Walker	Janet	Texas	El	Paso	17 Maple
Janet Walker	Walker	Janet	Texas	San	Antonio	115 Holly
Janet Walker	Walker	Janet	Texas	San	Antonio	131 Lee

Table 1.5 - Business Names

Name	Unit 1	Unit 2	Unit 3	Unit 4
Connor and Blake	Connor	And	Blake	
Connor's Coffee	Connors	Coffee		
Connors' Coffee and Tea	Connors	Coffee	And	Tea
Connor-Smith Office Supply	ConnorSmith	Office	Supply	
Connor/Smith Pharmacy	ConnorSmith	Pharmacy		
The Dabney Beauty Shop	Dabney	Beauty	Shop	The
Danish and Dash	Danish	And	Dash	
D'Elans Coffee	Delans	Coffee		

names such as Los Angeles or El Paso are treated as two separate indexing units.

Filing Business Records Alphabetically

Guideline #5: Business Names

Most business or company names are filed as they are written. Consider each word as a separate unit. Hyphenated business names, however, should be considered as one indexing unit. Ignore punctuation when alphabetizing, and consider prepositions, conjunctions, and articles as separate units. When "the," "a," or "an" is the first word in a name, treat it as the last unit.

Table 1.6 - Personal Names within Business Names

Name	Unit 1	Unit 2	Unit 3	Unit 4
Raymond Moss Computers	Raymond	Moss	Computers	
S. Norton Courier Service	S.	Norton	Courier	Service
S.W. Norton Books	S.	W.	Norton	Books
Susan Norton Typing Service	Susan	Norton	Typing	Service

Guideline #6: Personal Names within Business Names

File organizational names that include personal names by the order in which they are written.

Numerical Filing

The second method of filing that is often used in large offices is the numerical method. The numerical filing method is an indirect system that provides the client with privacy because his or her name is not listed directly on the file. As stated earlier, indirect systems require the use of a cross-reference or index because a number is assigned to each client.

When filing serially, numbers are filed from smallest to largest. For example, a system using four digits would begin 0001, 0002, 0003, and so on.

Most offices use the same number of digits for each number assigned and the numbers are always indexed in order from the smallest to the largest. Medical offices often use the same terminal digit or digits to designate shelves or drawers. This is sometimes called terminal digit filing. Clients are assigned numbers that are divided into groups of twos or threes. Some medical offices assign numbers to clients based on the client's date of birth. For example, a client whose date of birth is 08-08-70 might be filed in the same drawer with another client whose birth date is 11-15-70. The numbers should be read from the right hand group of numbers to the left group of numbers (the opposite of how you read a book). Clients with the same birth date should be filed alphabetically within the numerical filing drawers.

Remember that numbers are indexed from the smallest to the largest. Records or charts with different numbers at the end of the series are filed separately from each other. For example, the number of charts in a series ending in 20 are filed separately from charts ending in 30. Below is an example of how numerical charts are filed numerically.

Drawer #1	Drawer #2
01-16-20	02-12-30
05-17-20	03-14-30
06-17-20	03-15-30

Color-coding is often used in numerical or alphabetical filing to quickly determine the designated drawer, subject matter, or client. In the above example, records with the primary unit of 20 may be color-coded blue, whereas records with the primary unit of 30 may be color-coded green. A color-coded record is easy to file and easy to find if it is misplaced.

Some very large offices or hospitals may use the **alphanumerical filing system**. In this system, a number and a color are assigned to alphabetical groupings to allow easy identification and to ensure that the record has been arranged in the correct space. The alphanumeric system is a complicated system that takes time and practice to master.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: Filing

Activity Sheet

1. List and define the four different filing methods.

a. ____

b. ____

c. ____

d. ____

2. Arrange the following client names alphabetically on the lines provided.

Kathleen M. Kirk
Suzanne Kinney
Thomas Paul Lutz
Francis MacDonald
Bethany S. McDonald
Timothy Kirks
Helen P. Lattner
Sarah Kinney-Brown
Thomas Lutz
George C. MacLean
Marsha Norris
Rachel Ann Macon

a. ____________________________
b. ____________________________
c. ____________________________
d. ____________________________
e. ____________________________
f. ____________________________
g. ____________________________
h. ____________________________
i. ____________________________
j. ____________________________
k. ____________________________
l. ____________________________

3. Arrange the following business titles alphabetically on the lines provided.

Donald Borris Copier Repair
Dunn-Embrey Office Supply
Dunn's Computer Supply
Dunns' Janitorial Service
D'Urban Caterers
The Davis Sub Shop

a. ______________________________
b. ______________________________
c. ______________________________
d. ______________________________
e. ______________________________
f. ______________________________

4. Arrange the following chart numbers numerically (by terminal digit) on the lines provided.

06-17-25
07-18-30
05-09-30
01-18-25
08-15-30
01-19-25

Drawer #1

a. ______________________________
b. ______________________________
c. ______________________________

Drawer #2

d. ______________________________
e. ______________________________
f. ______________________________

Clinical/Laboratory Activities

1. With your clinical supervisor's approval, practice filing at your clinical site. Compare the filing system at your clinical site with the systems described in this lesson.

2. Collect papers for your instructor and organize the papers in alphabetical order by student name (last name first).

Lesson 2: Scheduling

Objectives:

A. Identify considerations for scheduling appointments.

B. Schedule appointments.

Key Terms:

- Matrix

Scheduling appointments in a medical office is often a team effort. Information such as examination length and available equipment is needed from the physician or coworkers in order to schedule appointments correctly. An incorrectly scheduled appointment can affect the scheduling for the entire day. For this reason, it is extremely important to schedule appointments accurately.

Scheduling Appointments

There are several factors to consider when scheduling an appointment. The appointment should meet the needs of the client, meet the scheduling preferences of the physician, and be scheduled at a time when medical equipment and facilities are available.

When using an appointment book, the book may be set up to schedule an appointment for a month to six weeks in advance. Other appointment books are set up to schedule an entire year of appointments. The assistant should always use pencil when scheduling appointments. Instead of appointment books, more and more offices are using computers to schedule appointments.

A matrix can be used in an appointment book to block off the times when a physician will be unable to see a client. A **matrix** is a block of time in an appointment book that is diagonally crossed out to indicate time when the physician is unavailable to see or examine clients. This blocked off time is used by the physician to see clients in hospitals, to consult with other physicians, and to return telephone calls to clients. This time may also be used for urgent care or emergencies during the day. See Figure 2.1 for a sample schedule book with a matrix.

When using a computer to schedule, unavailable time slots must be entered into the computer. This may be done on a daily basis or several weeks in advance. After the information is entered, most computer programs will not allow appointments to be scheduled during times that are blocked-off. Essentially, appointments cannot be mistakenly scheduled when the physician is unavailable.

The physician will expect the administrative medical assistant to schedule clients in time slots that are true to the length of time needed for the appointment. The physician and medical office personnel should help the assistant in determining the duration of typical client visits. Offices with specialty practices will have special needs in relation to scheduling. Again, it is important to work with the physician and the office staff to determine the specific needs of the office.

Most appointments are made over the telephone. When scheduling in an appointment book, the assistant should always write in pencil. The first step is to determine whether the caller is an established client or a new client. To avoid

Figure 2.1 - Sample Schedule Book with Matrices

Monday, March 25

	Dr. Greenberg	Dr. Nolan	Dr. Wolverton
8:00	Michelle Wagner	Bethany McDonald	Meet with Dr. Lee
:15	NP 310-6224	CPX 601-2212	
:30	Stuart Kent		
:45	CPX 882-1411		
9:00		↓	
:15			
:30		Parker Spier	
:45	↓	NP 310-1664	
10:00		Jeannie Turner	Sondra Lindhart
:15		NP 882-1010	Cons 882-97
:30	Robert Atkins		↓
:45	NP (704)555-1160		
11:00	Daniel Rhyne	Charles Robinson	Kathleen Wilson
:15	Cons (601)555-3714	NP 882-7716	Cons 310-9412
:30	↓	Shannon Banks	
:45		Cons (816)401-1099	↓
12:00	Lunch		Steven Boyd
:15		↓	CPX (816)197-6034
:30		Lunch	
:45			
1:00	Sarah Webster		
:15	Cons 310-9110		↓
:30			Kendall Clark
:45	↓		NP 310-7791
2:00	Surgery	Hospital Meeting	Lisa Ann Martin
:15			NP 601-6841
:30			
:45			Valerie Mann
3:00			Cons 601-6841
:15			
:30			↓
:45			Samuel Macon
4:00		Bruce Bizynski	CPX (704)555-5510
:15		CPX 601-9835	
:30			
:45			↓
5:00		↓	Eileen Chott
:15	Gregory DeHaven	Laurie McCoy	Cons 310-7111
:30	NP 310-1282	NP (704) 555-6740	↓

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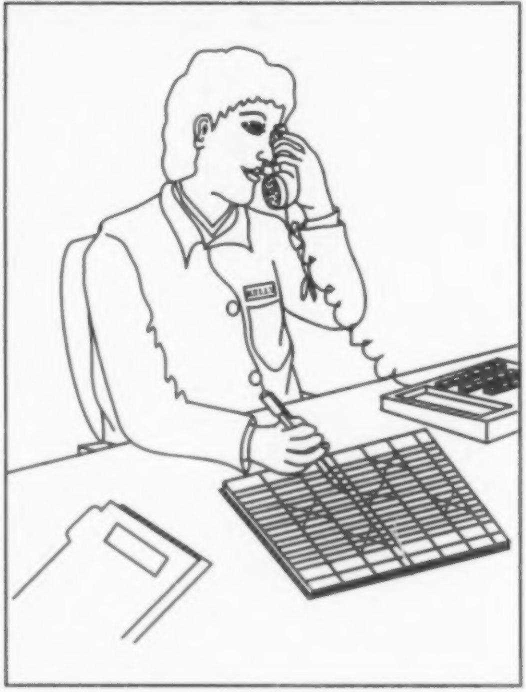
confusion, the assistant should be sure to spell the client's name correctly. If unsure of the spelling, ask the caller to spell his or her name. The assistant should always ask for a daytime telephone number in case the office needs to call the client prior to the scheduled visit. The telephone number should be written under the client's name.

The administrative medical assistant should know what kind of instructions to give to a client who is coming into the office for a specific procedure. Verbal instructions over the telephone should be followed up by written instructions, so the client is prepared on the day of the exam (Figure 2.2). For example, if a client is to bring a urine sample into the office on the day of his or her physical examination, the assistant who schedules the appointment must relate the proper procedure for taking a urine sample. Such procedures should be provided by the physician and retained at the front desk.

Figure 2.2 - Scheduling an Appointment



When canceling an appointment, the administrative medical assistant should erase the client's name in the appointment book or delete the client's name from the computer and open the time slot for another client. The cancellation should be noted on the client's chart, and the assistant should notify the physician of the change if necessary. When a client fails to keep his or her appointment, it should also be noted on the client's chart.

At the end of the day, the next day's schedule should be copied or printed out of the computer and posted on the examination room doors or in the designated area. The schedule may need to be updated as changes or cancellations occur.

Scheduling Medical Appointments Outside of the Office

When a client at your office requires the care of a specialist or needs to go to a certain facility, it is often the responsibility the administrative medical assistant to schedule appointments outside of the office. Physicians usually have referral lists of specialists and facilities with their addresses and phone numbers. From this list, the physician will refer the client to the appropriate colleague or facility.

When making an appointment for the client, the administrative medical assistant should be prepared to give information about the client, such as medical history or insurance information. The assistant should always schedule the appointment at a time that is convenient for the client.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 2: Scheduling

Activity Sheet

1. List three factors to consider when scheduling an appointment.

   a. ____

   b. ____

   c. ____

2. What is a matrix?

   ____

   ____

3. What is the procedure for canceling an appointment?

   ____

   ____

4. Why might the assistant need to schedule a medical appointment outside of the office?

   ____

   ____

Clinical/Laboratory Activities

1. With your clinical supervisor's approval, schedule appointments at your clinical site. Ask your clinical supervisor in which time slot(s) you should draw the matrices for the day.

2. Discuss with your clinical supervisor the length of some typical appointments at your clinical site. Discuss how many clients the physician usually sees in one day and ask how the assistant can help to manage the physicians time more effectively.

3. The following table contains a sample list of clients who call to schedule appointments during a typical day at the medical office. There is also a table that contains sample emergency calls received throughout the day. Using this information, schedule appointments at times that are convenient for the client as well as the physician. Do not schedule appointments during blocks of time with matrices. Complete the sample blank schedule book on the page following the tables of telephone calls.

Telephone Calls Received at the Medical Office

Name	Phone	Examination	Length of Time in Minutes	Time Available
Callahan, Barbara	445-7778	Influenza vaccine	15	morning
Cooper, Connie	442-0909	Weight loss, tired	30	early afternoon
Sanders, Mel	446-7890	Wart removal	15	anytime
Hansen, Sally	442-0908	Nausea, vomiting	15	early morning
Poole, Peggy	876-9999	Physical exam	60	early morning
Bellings, Harold	772-8999	Ankle injury	15	anytime
Wells, Richard	999-5555	Abdominal pains	15	anytime
Billington, Joanne	976-2222	Infection on arm	15	late afternoon
Stone, Bill	876-4444	Examination, possible hernia	15	late morning
Tellings, Natalie	777-3456	Well baby check	15	anytime
Koching, Curt	555-0123	Follow-up exam	15	afternoon
Dennings, Yolanda	998-3456	Weight control	15	morning
Wells, Melanie	556-3335	Physical exam	60	anytime
Gregory, Marci	442-2525	Headaches	15	anytime
Appleby, Greg	445-4545	Cough and cold	15	early morning
Landry, Bob	678-4567	Growth on eye	30	anytime
Toarks, Margaret	876-3535	Remove sutures and dressing	15	afternoon
Embry, Mark	445-7890	Remove metal splint	15	afternoon
Bowman, Heather	445-9087	Physical exam	60	morning
Meyer, Tom	845-9876	Aspirate right elbow	15	late morning
Pennington, Teresa	656-8765	Follow-up exam	15	afternoon
Carter, Amy	987-5432	Fever - 103	15	morning
Jennings, Kay	682-9876	Dressing to leg injury	15	anytime
Blakemore, Morgan	876-4321	Headaches	15	anytime
Lollar, Kylee	682-8721	Cough and cold	15	morning
Mayes, Areta	876-5432	Growth on eye	30	anytime
Lollar, Heath	445-8765	Immunization update	15	anytime
Hammond, Michael	873-8765	Pain in hands and forearms	15	early afternoon
Nibonds, Elizabeth	656-3242	Physical exam	60	early mornings

Emergency Telephone Calls

Name	Phone Number	Time of Call-In	Emergency
Helen Watts	882-2110	11:05 a.m.	Burn on right hand
Melanie Burks	882-5613	2:20 p.m.	Severe abdominal pain
Penny Potts	874-1204	9:10 a.m.	Bleeding - expecting immediate
James Polchnek	446-8100	2:00 p.m.	Cut on head - requires stitches
Kirsten Gates	445-9410	4:45 p.m.	Child injury - possible broken leg
Beverly Clear	446-6998	5:00 p.m.	Bleeding - expecting immediate
Wes Welton	449-0171	12:30 p.m.	Cut on leg - requires stitches
Henry Koopmann	882-1149	8:30 a.m.	Severe sunburn all over body

Use this sample blank schedule book to complete Clinical Activity #3 in this lesson.

Monday, March 25

	Dr. Greenberg	Dr. Nolan	Dr. Wolverton
8:00	Meet with Sales Rep.		
:15			
:30			
:45			
9:00			Meeting at Hospital
:15			
:30			
:45			
10:00			
:15			
:30			
:45			
11:00			
:15			
:30			
:45			
12:00		Lunch	
:15			
:30			
:45			
1:00	Lunch		Lunch
:15			
:30			
:45			
2:00			
:15			
:30			
:45			
3:00			
:15			
:30			
:45			
4:00		Surgery	
:15			
:30			
:45			
5:00			Meet with Dr. Sims
:15			
:30			

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Lesson 3:
Maintaining the Front Office and Reception Area

Objectives:

A. Identify potential safety hazards in the reception area.

B. Maintain a comfortable environment for clients.

C. Inventory and restock supplies.

D. Demonstrate use of common business office machines.

E. Maintain common office machines.

The reception area is a very important part of the medical office. It is where clients are first greeted, and it is also where clients gain their first impression of the medical office. For these reasons, it is essential that the reception area be clean and safe at all times. The administrative medical assistant plays a key role in achieving this goal. Responsibilities and circumstances may differ in each office, and the assistant should learn his or her role in maintaining the reception area of a particular medical office.

Potential Safety Hazards in the Reception Area

It is often the duty of the administrative medical assistant to maintain the reception area. As a reflection of the entire medical office, the physician's reception area should be kept clean and accident proof. The assistant should check furniture daily for cleanliness and repair. The springs in chairs and sofas may wear out and protrude, possibly resulting in injury. Wood furniture should be checked for splinters. When the assistant detects damaged furniture, he or she should notify the office manager immediately.

Electric cords from lamps or other electrical appliances in the reception area should be checked for frayed wires. If wires are frayed, the appliance should be removed immediately. Carpets and rugs should also be in good condition. A carpet that is curled on the edges could cause clients to trip and injure themselves. Rugs should be secure and not slide on the floor. Defective carpets or rugs should also be reported to the office manager immediately.

The administrative medical assistant can ensure that the reception area floor is dry, clean, and safe by alerting the maintenance staff when the floor needs attending. Until the maintenance staff arrives, the assistant should warn clients with a clearly visible "Wet Floor" sign. In some offices, it may be assistant's responsibility to clean the spill. In either case, clients always need to be cautioned when the reception area or office floor is wet or unsafe.

Every medical office has its own policy on smoking in the reception area. However, most medical offices are non-smoking environments. The physician should inform the administrative medical assistant of the smoking policy in his or her office.

Maintaining the Reception Area

The lighting in the reception area should be adequate and pleasant. There should be enough light for reading and walking safely through the reception area. When light bulbs need to be replaced, the administrative medical assistant should either change the light bulb or notify maintenance, depending upon the medical office. The temperature should be comfortable in both summer and winter; the area should never be extremely hot or extremely cool. The assistant should adjust the temperature based on the preferences of the clients in the office.

Seating should be adequate for the number of clients that may need to wait for the physician. If there is not enough seating for the number of clients, the assistant should inform the office manager. The assistant will most likely be responsible for ensuring there is a variety of current reading materials for all age groups. The assistant is usually responsible for straightening the reading materials as needed. See Figure 3.1.

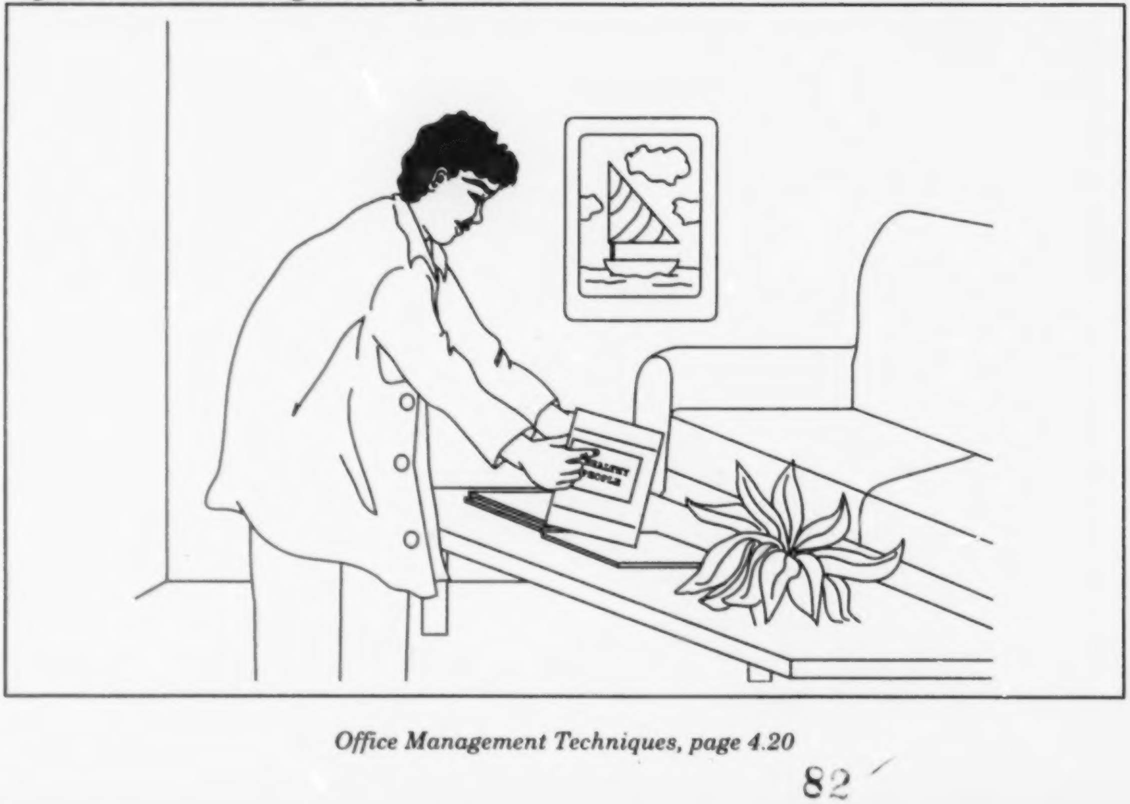
If the physician examines children, there may be toys in play areas. Usually, they are of washable material and have no sharp edges or small parts. If the toys need cleaning or repairs, the assistant should follow the office procedure for taking care of them. Toys should be located in a corner of the reception area where there is not much traffic; toys scattered on the floor are a potential safety hazard. The administrative medical assistant should try to pick up the toys as often as possible in order to avoid serious accidents.

A waste basket and a box of tissues should also be placed in the reception area. The waste basket should be emptied daily, and the tissues should be replenished as often as needed. The administrative assistant should ask the office manager or physician if it is his or her responsibility to empty the waste basket and replenish tissues.

Inventory and Restock Supplies

It is important to check supplies each day and restock supplies when appropriate.

Figure 3.1 - Maintaining the Reception Area



Supplies are usually restocked by the staff member who uses them. It is the responsibility of the administrative medical assistant to order and keep on hand the supplies that are needed. A continuing stock of supplies depends on an effective inventory control system. A good system provides an up-to-date list of the number of supplies on hand. There are two inventory methods: manual and computer programs. In the manual system, each item is listed on individual file cards or sheets of notebook paper. The cards or sheets of notebook paper are then arranged in alphabetical order. Each individual record should include:

- The name of the item
- The identification number or office supply catalog number
- The supplier's name, address, telephone and fax numbers
- The quantity ordered
- The reordered number
- The price of the item
- The dates when each order was placed, received, and paid for

The cards should be reviewed on a regular basis so the office does not run out of supplies. For example, office supplies may be reviewed on a monthly basis. Clinical supplies may be reviewed on a monthly or quarterly basis. Every office has different schedules.

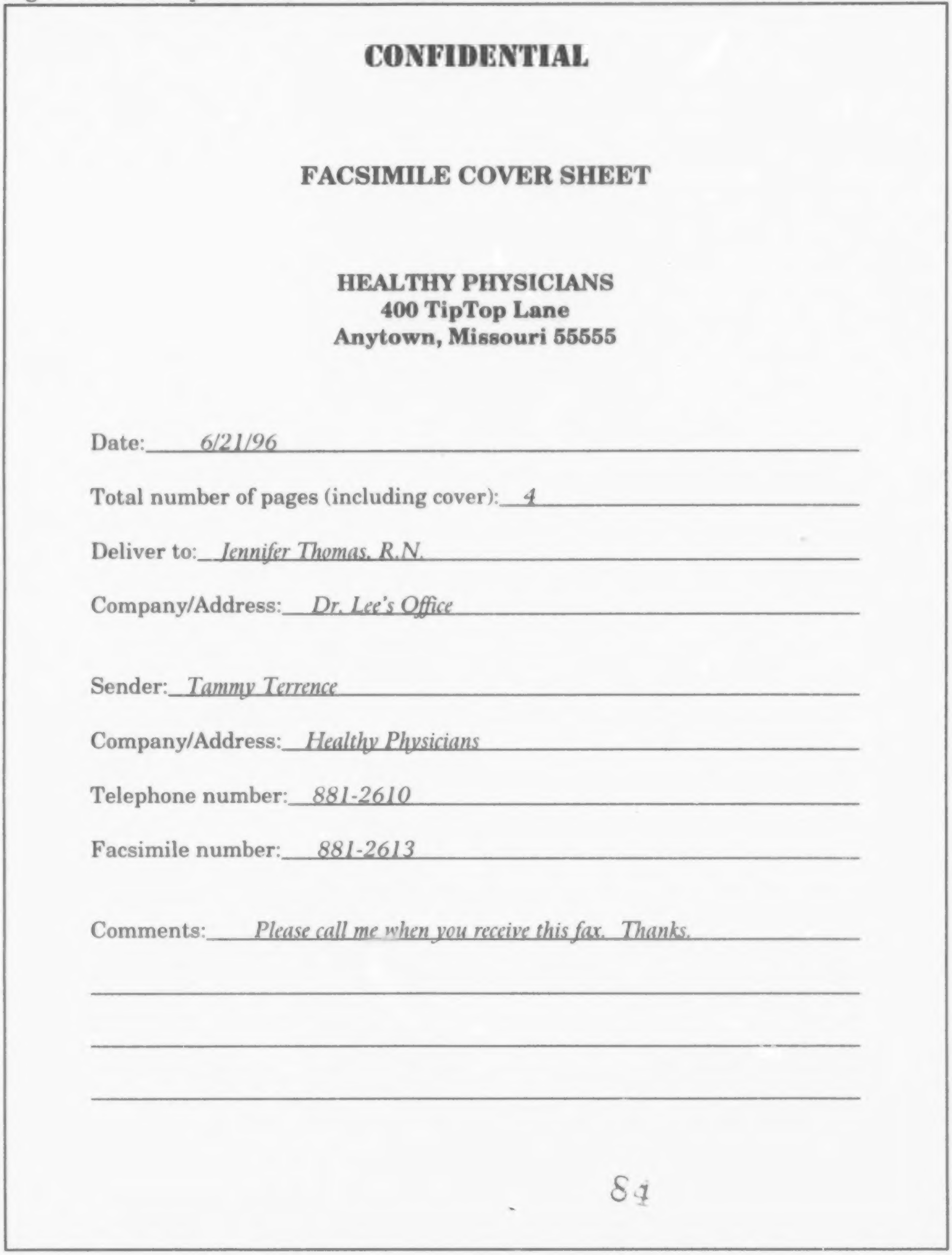
Computer programs are also available for inventory control. The assistant updates inventory control by inputting data into the computer. The same information that is needed for the manual inventory system is also necessary for the computer inventory system. Using a computer is an effective way to manage inventory because making modifications is simple, and the computer can print out an inventory list when needed.

Office Machines

It is important for the administrative medical assistant to know how to operate and maintain the machines in the medical office. Some common office machines are calculators, typewriters, computers, copy machines, and fax machines, which are machines used to transmit electronic communications. Some other machines the administrative medical assistant may use are check writers and dictating machines. Check writers are machines that print checks for businesses and dictating machines are machines on which information is recorded then transcribed. The administrative medical assistant should learn how to operate these machines before attempting to use them to avoid breaking them. Also, the assistant should never avoid tasks because he or she is not sure how to use the machines. It is the responsibility of the assistant to learn how to use the machines within the first few weeks of employment. The operation of dictation machines is discussed in Unit V.

When operating office machines, the assistant should always be cautious of breaching client confidentiality. For example, by leaving a medical record on the copy machine, the assistant could breach client confidentiality by allowing unauthorized persons access to the records. When using fax machines to send confidential records, the assistant should always send a cover letter marked "Confidential" to the person receiving the fax. Otherwise, the assistant may breach client confidentiality. Figure 3.2 is an example of a fax cover sheet. These are just some of the safety measures the assistant should practice when operating office machines.

Figure 3.2 - Example of a Fax Cover Sheet



CONFIDENTIAL

FACSIMILE COVER SHEET

HEALTHY PHYSICIANS
400 TipTop Lane
Anytown, Missouri 55555

Date: *6/21/96*

Total number of pages (including cover): *4*

Deliver to: *Jennifer Thomas, R.N.*

Company/Address: *Dr. Lee's Office*

Sender: *Tammy Terrence*

Company/Address: *Healthy Physicians*

Telephone number: *881-2610*

Facsimile number: *881-2613*

Comments: *Please call me when you receive this fax. Thanks.*

Maintaining Office Machines

There are a few maintenance procedures that the administrative assistant should be able to execute without the need of a repairperson. For example, a visible jam in the copy machine or fax machine can usually be cleared by office personnel. The more experience the assistant has with problem machines, the more skilled he or she will become at maintaining the machines. Being able to fix problems with machines by yourself will save time and avoid too many costly visits from the repairperson.

In the case that the assistant needs to call a repairperson, the medical office should have a file that contains a service contract for the equipment. Each file should include the name of the contact, address, and phone number. It is important to have one person who works on the equipment to contact. The administrative medical assistant also needs to be aware of maintenance schedules for the equipment. Machines may need to be checked daily, weekly, or monthly. When there is a problem, a checklist is helpful in correcting the problem before calling for outside help. It is especially important to clean machines regularly and to cover them to keep them dust free. The owner's manual will most likely provide information on how to clean the machine.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 3: Maintaining the Front Office and Reception Area

Activity Sheet

1. List three potential safety hazards in the reception area.

   a. ____________________

   b. ____________________

   c. ____________________

2. List three tasks the administrative medical assistant can do to maintain the reception area.

   a. ____________________

   b. ____________________

   c. ____________________

3. What are the two methods most often used for inventory control?

   a. ____________________

   b. ____________________

4. What are the components of a supply item record?

   a. ____________________

   b. ____________________

   c. ____________________

   d. ____________________

   e. ____________________

   f. ____________________

   g. ____________________

Clinical/Laboratory Activities

1. Ask your clinical supervisor what your role would be in maintaining the reception area at your clinical site. Discuss how to handle spills, how to report defective furniture or carpets, and also how the assistant can maintain a comfortable environment by adjusting the lighting and temperature.

2. Find out which method of inventory is used at your clinical site. If it is a computer program, practice inputting data with your supervisor's approval. Make a note of the items most frequently ordered at your clinical site.

3. Practice using operating office machines at your school. Volunteer to work in the office at your school and practice sending faxes, making copies, etc.

4. Prepare a cover sheet that a medical office may use when sending faxes. Be sure to include a letterhead and blank lines for the date, the sender, the sender's telephone number, the receiver, the receiver's telephone number, number of pages (including cover sheet), and comments. Some cover sheets may also contain the address and fax number of the sender and the receiver.

Lesson 4: Written Communications

Objectives:

A. Identify the types of written communication that may need to be composed in a medical office.

B. Apply principles of proper grammar, spelling, and punctuation in written communication.

C. Complete a form letter.

D. Identify the main components of a business letter.

E. Compose a business letter.

F. Compose a memo.

G. Screen and sort mail.

H. Distribute mail.

Key Terms:

- Form letter
- Block style business letter
- Interoffice memorandum

Types of Written Communication in a Medical Office

There are many opportunities for an administrative medical assistant to compose business correspondence throughout the day. Some common types of written communication in a medical office are form letters, block style business letters, and interoffice memos. Written communication should be typed on the medical office's stationery. The stationery usually contains the office or physician's name, address, and phone number. After the communication is typed or entered and before it is presented to the physician, it should be proofread for spelling errors, content accuracy, and the correct punctuation and spacing. All offices should have a dictionary and a style manual on hand to check for spelling and grammatical errors.

Form Letters

Form letters are standard letters often used to fulfill the physician's legal obligation. The American Medical Association publishes the book *Medicolegal Forms with Legal Analysis* which demonstrates the proper wording for such letters. They can be sent to clients who fail to keep appointments (Figure 4.1), who do not follow medical advice, who need to be instructed about a hospital stay, or who need to be informed the physician is withdrawing from their case. Permit forms and release forms are also examples of form letters.

Components of a Business Letter

There are several components of a **block style business letter**. Block style means that every line begins at the left margin. Block letters may be used for any business correspondence when form letters may not be appropriate. For example, form letters would most likely not be appropriate for sending a client a refund or writing a complaint letter to an office supply company. Depending upon the office, there are many different layouts for the block style that may be acceptable. See Figure 4.2 for a sample business letter. The following components are present in a business letter.

Figure 4.1 - Form Letter

HEALTHY PHYSICIANS
117 Medical Blvd. #510
Anytown, U.S.A. 21204

Dear ______________________

Date ____________

On _____________, 1996, you failed to keep your appointment at my office. In the opinion of this office, your condition needs continued medical treatment. You may telephone my office for another appointment if you so desire. If you prefer to have another physician attend to you, I suggest you arrange to do so without delay. Upon your authorization, I will inform your case to the physician of your choice.

Please understand that the purpose of this letter is out of concern for your health and well-being.

JJW/jlk

Sincerely,

_____________________, M.D.

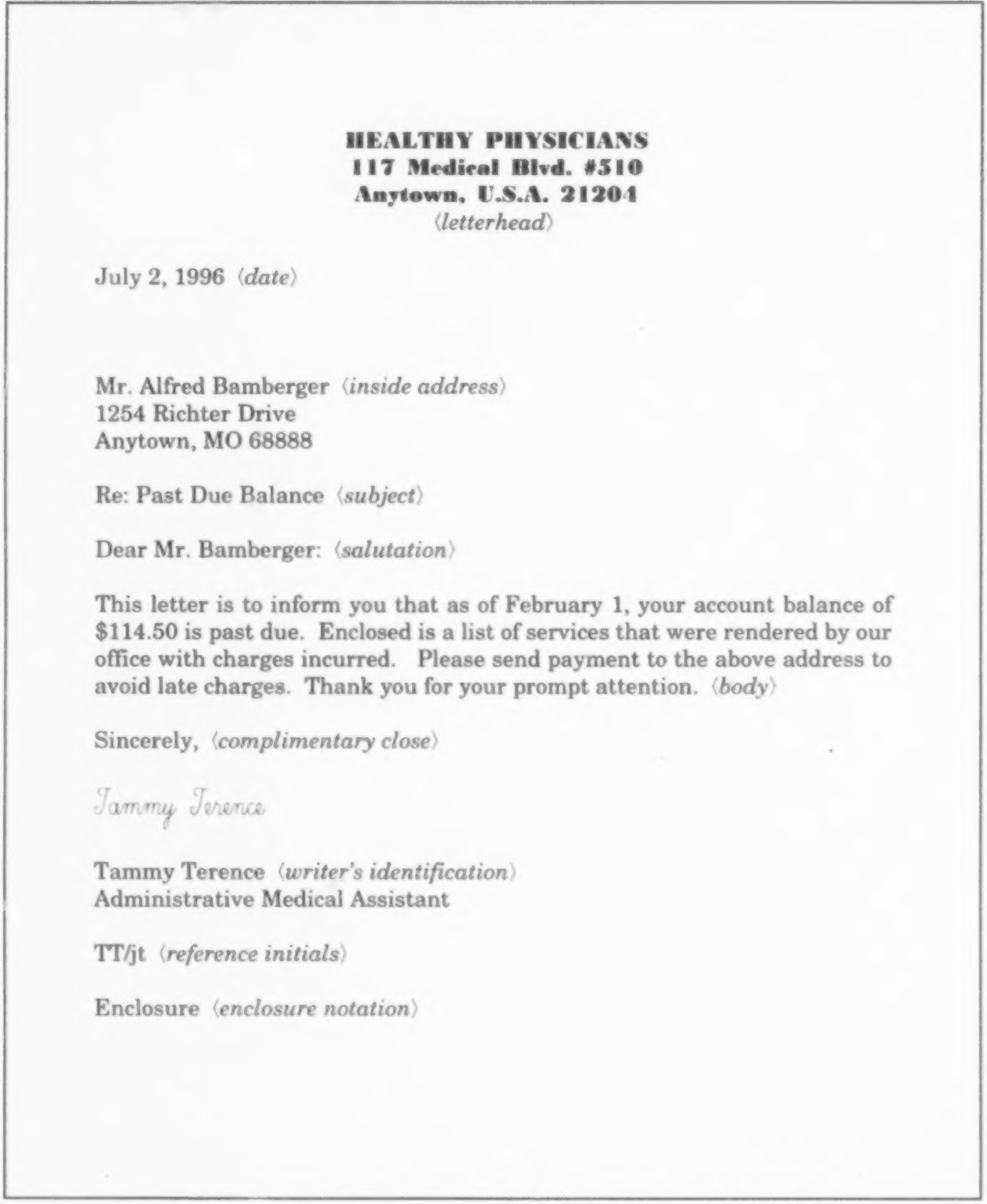
The *letterhead* is positioned in the upper two inches on a sheet of bond paper. The letterhead contains the physician's or office's name, address, and telephone number.

The *date* is positioned double-spaced below the letterhead. Words in the date should be spelled out in full.

The *inside address* contains the name of the individual the letter is going to as well as his or her title and firm or institution. It also contains the street address or post office box number, as well as the city, state, and zip code. The inside address is usually placed four spaces after the date. If there is a *subject*, it should be double-spaced below the inside address.

The *salutation* is double-spaced below the inside address. The salutation line is often referred to as the reference line. The word "Dear" should be used, followed by the courtesy title used in the address, the last name, and a colon. First names alone should not be used in a business letter.

Figure 4.2 - Example of a Block Style Letter



HEALTHY PHYSICIANS
117 Medical Blvd. #510
Anytown, U.S.A. 21204
⟨*letterhead*⟩

July 2, 1996 ⟨*date*⟩

Mr. Alfred Bamberger ⟨*inside address*⟩
1254 Richter Drive
Anytown, MO 68888

Re: Past Due Balance ⟨*subject*⟩

Dear Mr. Bamberger: ⟨*salutation*⟩

This letter is to inform you that as of February 1, your account balance of $114.50 is past due. Enclosed is a list of services that were rendered by our office with charges incurred. Please send payment to the above address to avoid late charges. Thank you for your prompt attention. ⟨*body*⟩

Sincerely, ⟨*complimentary close*⟩

Tammy Terence

Tammy Terence ⟨*writer's identification*⟩
Administrative Medical Assistant

TT/jt ⟨*reference initials*⟩

Enclosure ⟨*enclosure notation*⟩

The *development paragraphs* or *body* of the letter are positioned double-spaced below the salutation or reference line. The body contains the purpose of the letter.

The *complimentary close* is double-spaced below the body of the letter and indicates the sender has closed. "Sincerely," is the most appropriate closing for business correspondence.

The *writer's identification* is typewritten three to five spaces below the complimentary closing and allows for a handwritten signature. It includes the writer's name and title.

Identification or reference initials are double-spaced below the typed signature and consists of the writer's initials if other than the signature name and the typist's initials. If the writer also types the letter, no initials are needed. The medical office may adopt its own style for using initials.

Enclosures or attachment notations are positioned single or double-spaced below the identification initials. This affirms that separate materials are enclosed with the letter.

The *copy notation* is positioned single or double-spaced below the enclosures notation. It indicates that one or more persons will be sent a copy of the letter. A blind copy is sent when the physician does not want the recipient to know that others are receiving a copy of the letter.

Interoffice Memorandums

The administrative medical assistant may also compose an interoffice memorandum. An **interoffice memorandum**, or a "memo," is correspondence sent by offices, clinics, and hospitals to facilitate exchanges of ideas and to communicate instructions or other messages among the staff. A memo is used for less formal communication between people within the same organization. Memos are meant to be helpful. For example, your supervisor would most likely appreciate receiving a memo with a vacation day request rather than a handwritten note. Writing a memo and keeping a copy means that you have a way to prove that you really did ask for a particular day off. If you mention another person in your memo or another person is involved in the subject of your memo, you should send that person a copy. See Figure 4.3 for the format of a memo.

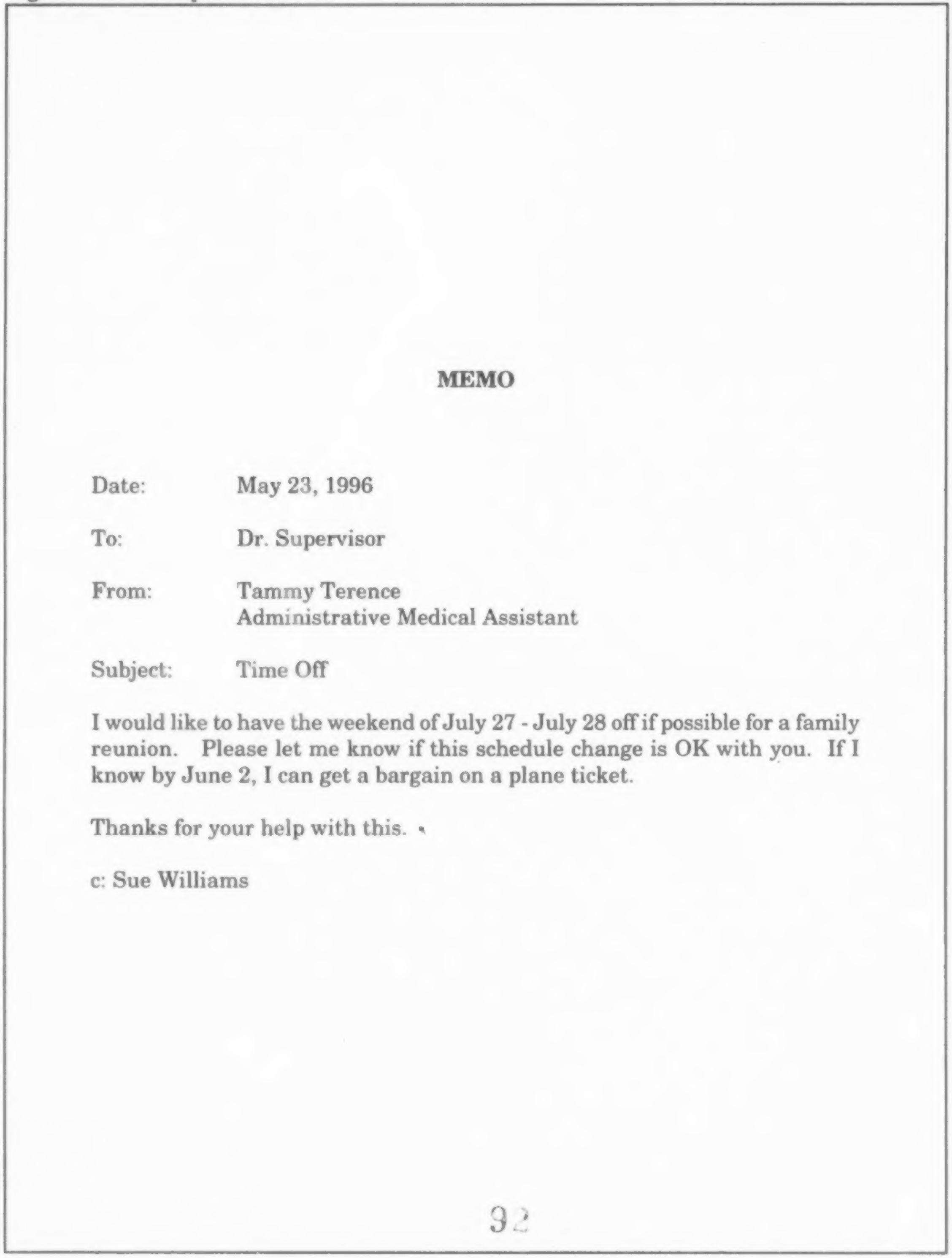
Screen and Sort Mail

Mail should be sorted into the following categories: first-class mail, second-class mail, third-class mail, fourth-class mail, and electronic mail or faxes.

First-class mail consists of correspondence, bills, statements of accounts, and postcards. It is usually the responsibility of the administrative medical assistant to open first class mail that is not confidential and stamp the date of receipt on the actual piece of mail. *Second-class mail* consists of newspapers and periodicals. *Third-class mail* includes photographs, catalogs, printed circulars, and booklets. *Fourth-class mail*, also known as parcel post, consists of packages that are both sealed and unsealed as well as bound books. *Electronic mail (e-mail) and faxes* are used to send, receive, store, and forward messages over telecommunications facilities. There are several types of e-mail that include facsimile (fax) equipment, carrier service, communicating word processors, and computer-based message systems.

Every medical office has its own policy on who should be allowed to open the office mail. Mail that is marked "Personal" or "Confidential" is usually not opened by the

Figure 4.3 - Example of a Memo



MEMO

Date: May 23, 1996

To: Dr. Supervisor

From: Tammy Terence
Administrative Medical Assistant

Subject: Time Off

I would like to have the weekend of July 27 - July 28 off if possible for a family reunion. Please let me know if this schedule change is OK with you. If I know by June 2, I can get a bargain on a plane ticket.

Thanks for your help with this.

c: Sue Williams

assistant, unless the physician has stated otherwise. Like first-class mail, faxes and electronic mail are considered confidential correspondence that must not be read by the assistant. Additionally, the physician should have a policy on how mail is screened and sorted when he or she is out of the office for an extended period.

Distribute Mail

If it is the policy of the office for the administrative medical assistant to open mail, all opened mail should be dated in the upper right corner. For correspondence relating to a specific client, the assistant should pull the client's chart and place the letter and the chart on the physician's desk. Enclosures should be attached to the upper left corner. If the letter states that there is an enclosure but there is none, make a note in the margin. When payment is received with a letter, write on the letter the amount received and follow the office procedure for processing payments. When cash is received, count the cash with another staff member to verify the amount. The payments should then be routed to the accountant or the physician, depending upon office procedure.

When packages are received, they need to be opened to be sure nothing is missing or broken. Outdated items such as newspapers, magazines, booklets, and catalogs should be discarded and replaced with the newer editions. Catalogs and journals should be filed appropriately. Older editions of catalogs or journals may need to be removed from the file and be discarded or stored.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may complete the written unit evaluation. A score of at least 80 percent indicates that you may proceed to the next unit. Review any materials incorrectly answered.

Lesson 4: Written Communication

Activity Sheet

1. List and define the three types of written correspondence common in most medical offices.

   a. ______________________________

   b. ______________________________

   c. ______________________________

2. Into what categories should mail be sorted?

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

   e. ______________________________

3. Write a memo asking your supervisor for every other Wednesday morning off, starting March 5, so that you can enroll in a computer class. Ask if the medical office is able to reimburse you for the $200 tuition for the course. You will be learning about the Internet in the course. Describe how this will benefit the medical office where you work. Using a dictionary and a style manual, proofread your correspondence for spelling and grammatical errors.

4. The physician asks you to write a letter to Mrs. Sharon Reed requesting payment on her account that is three weeks past due. Her balance is $72.50.

Clinical/Laboratory Activities

1. Compose a form letter that a medical office may use to notify a client of a negative pap smear. Include information on when the client should return to the office and what the client should do if she has questions. Refer to the form letter in this lesson to ensure that you have included all of the necessary components.

2. At your clinical site and at home, practice sorting mail into the categories described in this lesson.

Unit Checklist

Student Name ______________________________ Overall Unit Rating __________

Activity Sheet: Filing Rating _____

Comments: ____

____

____

Activity Sheet: Scheduling Rating _____

Comments: ____

____

____

Activity Sheet: Maintaining the Front Office and Reception Area Rating _____

Comments: ____

____

____

Activity Sheet: Written Communications Rating _____

Comments: ____

____

____

Written Unit Evaluation Score _____

Additional Comments: ____

____

____

Teacher Signature ______________________________ Date ______________

Student Signature ______________________________ Date ______________

Unit V

The Medical Record

The medical record, also known as the client's chart, is a permanent legal document. The purpose of a medical record is to record facts and events in writing during the administration of care to the client. Therefore, it is extremely important for the administrative medical assistant to be meticulous in his or her record keeping procedures. Upon completion of this unit, you should be able to manage medical records, operate a transcription machine, and perform medical transcription.

Unit Lessons

Introduction to Medical Records Management

Medical Transcription

Lesson 1:

Introduction to Medical Records Management

Objectives:

A. Identify the components of a medical record.

B. Instruct clients on how to complete a registration form and review for completeness.

C. Instruct clients on how to complete a medical history form and review for completeness.

D. Measure height and weight and record on the medical record.

Key Terms:

- Medical record
- Registration form
- Medical history form
- Chief complaint
- Family history
- Physical examination form
- Progress notes

As stated earlier, it is essential for the medical office to maintain accurate, legible, and complete medical records. By carefully recording medical information in an organized way, physicians can provide better medical care, protect themselves legally, and later, supply statistical information for research. The administrative medical assistant should help ensure that medical records are complete, organized, and easily accessible.

Components of a Medical Record

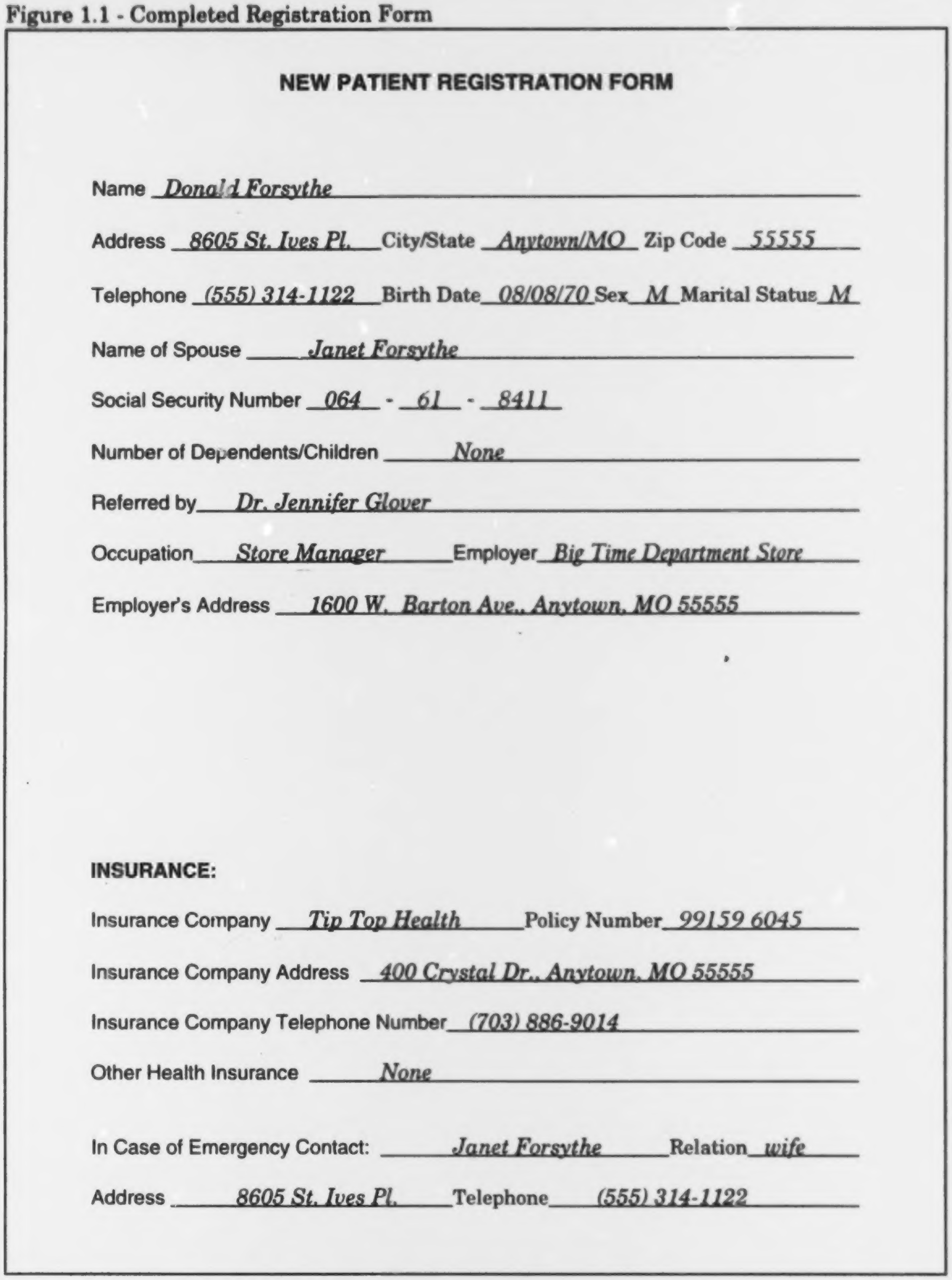
The **medical record**, also known as the client's chart, is a permanent legal document that contains written facts and events recorded by the physician and other health care professionals when caring for a client. The client medical record should never leave the medical office. Although the format of the forms in a medical record may vary, the components are typically the same in all medical offices. The parts of the medical record include the registration form, medical history form, physical examination form, and progress notes.

In addition to these components, any additional information pertinent to the client's health or treatment should be included in the medical record. Laboratory reports, radiographs, electrocardiograms, and consultation reports are recorded after the progress notes.

Registration Form

The first component of the medical record is the registration form. The registration form is also known as the acquaintance form because it is completed by the client at the initial visit to the physician. The **registration form** is a general information form that includes the client's full name, address, social security number, as well as both work and home telephone numbers. The form also contains birth date, gender, marital status, and number of children. The registration form should also include the client's insurance carrier's name, address, telephone number, and policy number. At the same time the client completes the registration form, the client's insurance card should be copied and the copy should be filed. Each time the client returns to the office, the form should be updated to ensure proper billing. See Figure 1.1 for a sample registration form.

Figure 1.1 - Completed Registration Form



NEW PATIENT REGISTRATION FORM

Name *Donald Forsythe*

Address *8605 St. Ives Pl.* City/State *Anytown/MO* Zip Code *55555*

Telephone *(555) 314-1122* Birth Date *08/08/70* Sex *M* Marital Status *M*

Name of Spouse *Janet Forsythe*

Social Security Number *064* - *61* - *8411*

Number of Dependents/Children *None*

Referred by *Dr. Jennifer Glover*

Occupation *Store Manager* Employer *Big Time Department Store*

Employer's Address *1600 W. Barton Ave., Anytown, MO 55555*

INSURANCE:

Insurance Company *Tip Top Health* Policy Number *99159 6045*

Insurance Company Address *400 Crystal Dr., Anytown, MO 55555*

Insurance Company Telephone Number *(703) 886-9014*

Other Health Insurance *None*

In Case of Emergency Contact: *Janet Forsythe* Relation *wife*

Address *8605 St. Ives Pl.* Telephone *(555) 314-1122*

Medical History Form

The next part of the medical record addresses the client's medical history. The **medical history form** is the form on which the client records past health information. Figure 1.2 is just one example of a medical history form; there are several different formats that exist. The record typically includes surgeries, illnesses, allergies, injuries, and medications that the client may be taking. The record should also include the client's present habits such as smoking or excessive alcohol consumption. The client is usually asked to fill out a medical history form before seeing the physician. This information gives the physician an idea of the client's past and present health.

The **chief complaint** on the medical history form is the statement of why the client has come to see the physician and is written in the client's own words in quotes. The present illness is why the client has come to see the physician, and it includes the background that has lead to the present condition. The client's background information is documented in the medical history form. Although the client usually completes the form, there are times when the assistant will be responsible for obtaining the information. A portion of the medical history form addresses the client's family history. The **family history** should include major illnesses and chronic diseases that family members have had such as cancer, heart disease, or lung disease.

Physical Examination Form

The physician usually does the physical examination and completes the form. The **physical examination form** is the form on which the client's current physical health is recorded by the physician upon examination. The physical examination is frequently organized from head to toe. The examination begins at the head of the client and ends at the feet.

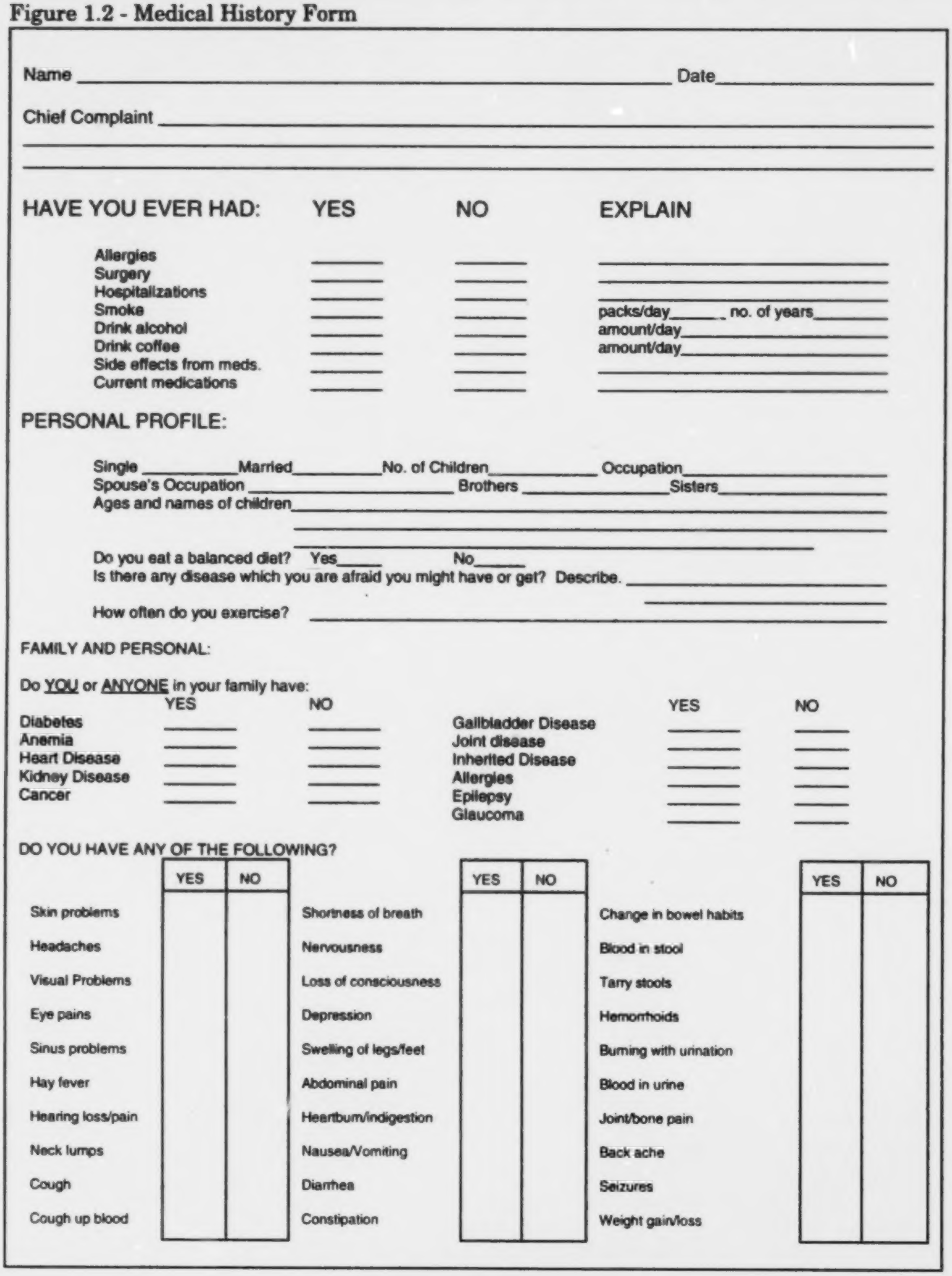
Height and Weight

It may be the administrative medical assistant's responsibility to record the client's height and weight at the first office visit (Figure 1.3). This information is usually recorded on the physical examination form. The measurement at this time serves as a reference point for later visits. Accuracy is important because gaining or losing weight can change the course of a client's diagnosis or treatment. Accuracy is extremely important in a pediatrician's office, for example, because medication dosages for children are usually configured based on the child's weight. Other specialities in which accurate weight may be critical include cardiology, gerontology, and endocrinology. The long lines on the scale indicate one pound; the short lines indicate one-fourth pound.

It is sometimes necessary to convert measurements of weight. To convert from kilograms to pounds, multiply the number of kilograms by 2.2. To convert from pounds to kilograms, divide the number of pounds by 2.2. For example, to convert the weight of a child weighing 29 kilograms, multiply 29 by 2.2. The child weighs approximately 64 pounds. To convert the weight of a 185-pound man into kilograms, divide 185 by 2.2. The man weighs approximately 84 kilograms.

Children and infants are measured for weight and height at each visit to observe growth and development patterns. Infants and children under the age of three need to be weighed lying down. Children over four years old should be measured standing. The client should be asked to stand tall, with correct posture so an accurate measurement may be obtained.

Figure 1.2 - Medical History Form



Name ____ Date ____________________

Chief Complaint ____

____

____

HAVE YOU EVER HAD:	YES	NO	EXPLAIN
Allergies	______	______	______________________
Surgery	______	______	______________________
Hospitalizations	______	______	______________________
Smoke	______	______	packs/day______ no. of years________
Drink alcohol	______	______	amount/day________________
Drink coffee	______	______	amount/day________________
Side effects from meds.	______	______	______________________
Current medications	______	______	______________________

PERSONAL PROFILE:

Single __________Married_________No. of Children___________ Occupation_________________

Spouse's Occupation ______________________ Brothers ______________Sisters_______________

Ages and names of children____

____

____

Do you eat a balanced diet? Yes_____ No______

Is there any disease which you are afraid you might have or get? Describe. ____________________

____

How often do you exercise? ____

FAMILY AND PERSONAL:

Do YOU or ANYONE in your family have:

	YES	NO		YES	NO
Diabetes	______	______	Gallbladder Disease	______	______
Anemia	______	______	Joint disease	______	______
Heart Disease	______	______	Inherited Disease	______	______
Kidney Disease	______	______	Allergies	______	______
Cancer	______	______	Epilepsy	______	______
			Glaucoma	______	______

DO YOU HAVE ANY OF THE FOLLOWING?

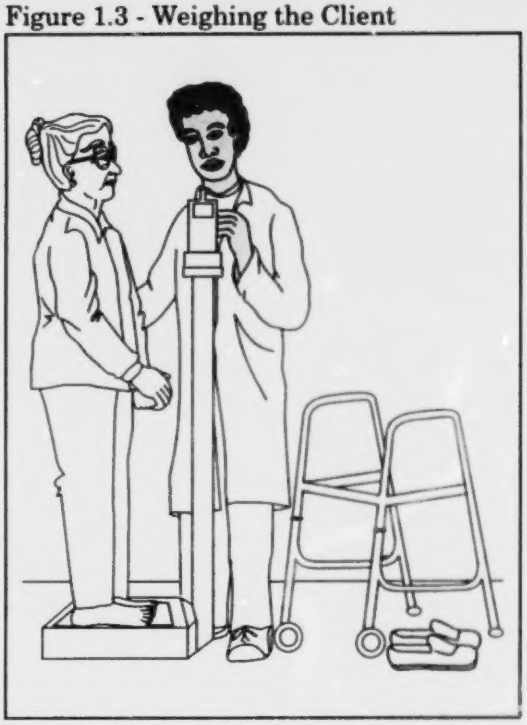
	YES	NO		YES	NO		YES	NO
Skin problems			Shortness of breath			Change in bowel habits		
Headaches			Nervousness			Blood in stool		
Visual Problems			Loss of consciousness			Tarry stools		
Eye pains			Depression			Hemorrhoids		
Sinus problems			Swelling of legs/feet			Burning with urination		
Hay fever			Abdominal pain			Blood in urine		
Hearing loss/pain			Heartburn/indigestion			Joint/bone pain		
Neck lumps			Nausea/Vomiting			Back ache		
Cough			Diarrhea			Seizures		
Cough up blood			Constipation			Weight gain/loss		

Steps of Procedure for Measuring Weight and Height:

1. Wash your hands.
2. Set up equipment.
3. Balance scale by moving the weight to zero.
4. Greet client. Identify self.
5. Explain what you are going to do.
6. Escort client to scale. Provide privacy if the client is wearing a gown.
7. Place a paper towel on the platform.
8. Raise the measuring rod.
9. Ask the client to remove shoes and heavy clothing; provide assistance if necessary.
10. Assist the client to stand on platform. Ask client to stand with arms at sides.
11. Read the weight.

    NOTE: If using a balance scale, move the weight until the pointer swings evenly between the top and the bottom of the metal square.
12. Record the weight.
13. Ask the client to stand erect, with his or her back to the measuring rod.
14. Lower the measuring rod until it rests on the client's head.
15. Read the height and record it. Raise the measuring rod.
16. Assist client off the platform.

Figure 1.3 - Weighing the Client



17. Discard the paper towel.
18. Zero the scale and lower the measuring rod.
19. Wash your hands.

The height measurement on the scale is read in inches, and then the inches are converted into feet. One foot is equal to 12 inches. To convert inches to feet, divide the number of inches by 12. The long lines on the measuring rod indicate one inch, while the short lines indicate one fourth inch. After the height and weight are obtained, the measurement should be recorded on the client's medical record.

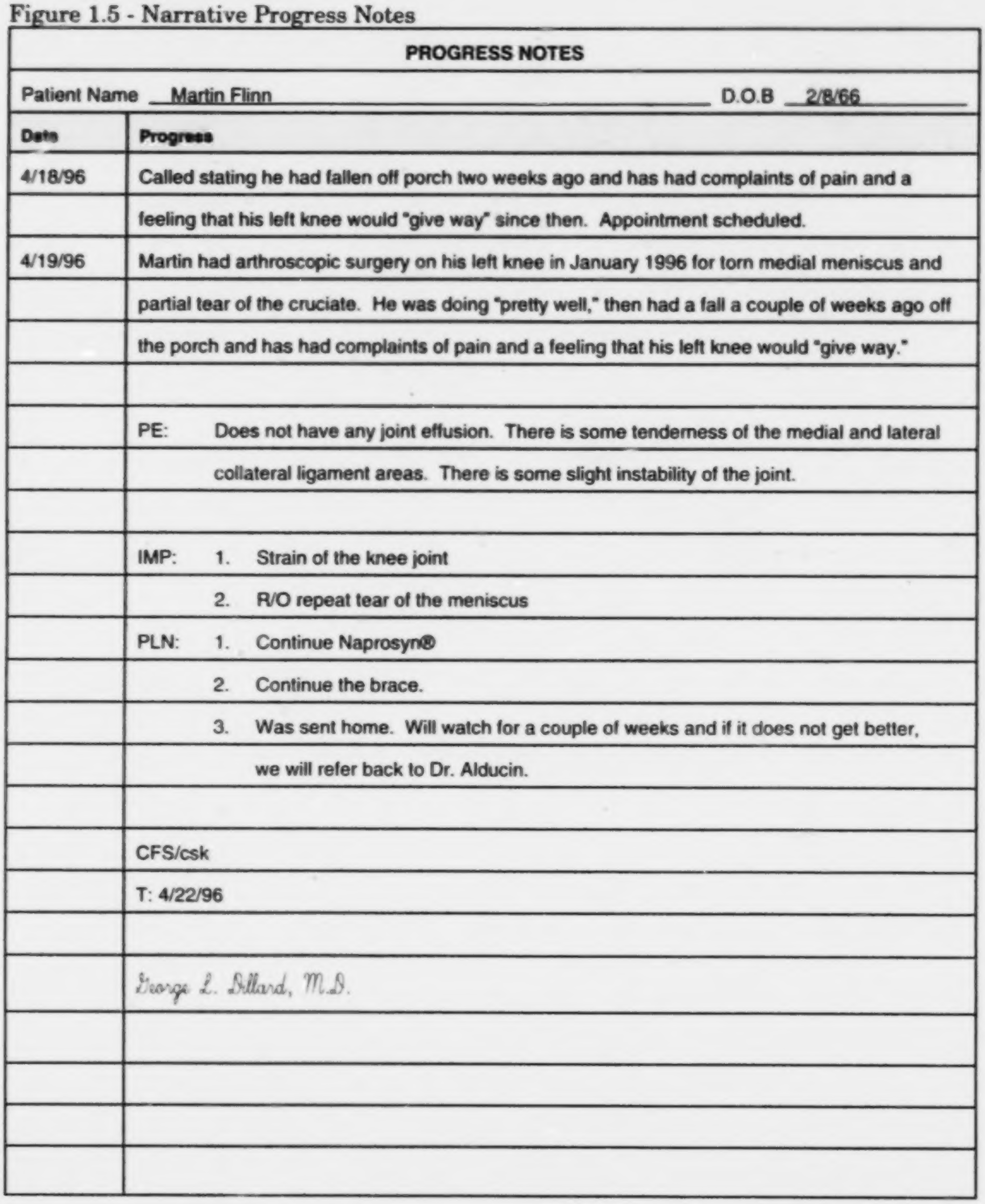
Figure 1.4 - S.O.A.P. Approach Progress Notes

PROGRESS NOTES

Patient Name Betty Linda Jeffries D.O.B. 4/12/36

Problem No./Letter	**Date**	**Progress**
60144	7/11/96	**Subjective:**
		Presented today with pain across the right foot in the metatarsal area. It has
		been present for approximately two weeks. No pain relief with aspirin or
		Tylenol®. History of fracture to this foot and had pins removed last year.
		Present meds include Premarin® and Cardizem®. She has recently been on
		Anaprox®, Robasin®, and Voltarin® for low back strain.
		Objective:
		Warm to touch in the metatarsal area of the right foot with mild swelling.
		No evidence of previous surgery.
		Assessment:
		Probably mild arthritis of the foot from previous trauma
		Plans:
		1. Naprosyn® 500 mg po bid pc. There is enough for 2 weeks. Can refill as
		needed.
		2. Elevate foot when she is off of it.
		3. Was sent home. Will follow-up.
		YAR/yar
		Yvonne Ann Reynolds, M.D.

Figure 1.5 - Narrative Progress Notes



PROGRESS NOTES

Patient Name Martin Flinn D.O.B 2/8/66

Date	**Progress**
4/18/96	Called stating he had fallen off porch two weeks ago and has had complaints of pain and a
	feeling that his left knee would "give way" since then. Appointment scheduled.
4/19/96	Martin had arthroscopic surgery on his left knee in January 1996 for torn medial meniscus and
	partial tear of the cruciate. He was doing "pretty well," then had a fall a couple of weeks ago off
	the porch and has had complaints of pain and a feeling that his left knee would "give way."
	PE: Does not have any joint effusion. There is some tenderness of the medial and lateral
	collateral ligament areas. There is some slight instability of the joint.
	IMP: 1. Strain of the knee joint
	2. R/O repeat tear of the meniscus
	PLN: 1. Continue Naprosyn®
	2. Continue the brace.
	3. Was sent home. Will watch for a couple of weeks and if it does not get better,
	we will refer back to Dr. Alducin.
	CFS/csk
	T: 4/22/96
	George L. Dillard, M.D.

Progress Notes

The next part of the medical record involves the progress notes. In the **progress notes** (Figure 1.4), the physician states the current health status of a client and whether or not the client needs to return to the office. Physicians may use the S.O.A.P. approach when recording progress notes. The physician records clinical notes based on:

- Subjective impressions - the chief complaint(s) of the client
- Objective clinical evidence - the physician's observations or physical assessment
- Assessment or diagnosis - identification of the disease or illness from its signs or symptoms
- Plans for treatment - the course of treatment for the client

The narrative method is another method used to create progress notes. The narrative method is usually less structured than the S.O.A.P. approach, but basically contains the same components. See Figure 1.5.

Disposition of the client means whether the client was sent to the hospital or sent home after the physician's examination. If the client is sent to the hospital, the name of the hospital, the reason for admission, and the dates of admission and discharge are noted. If the client is sent home, then the date the client is to return to the office is also recorded. Any medications prescribed to the client are also recorded in the progress notes.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: Introduction to Medical Records Management

Activity Sheet

1. List and describe the main components of a medical record.

   a. ____

   ____

   b. ____

   ____

   c. ____

   ____

   d. ____

   ____

   e. ____

   ____

2. What do the S.O.A.P. components represent in progress notes?

   S ____

   O ____

   A ____

   P ____

3. A 130-pound woman weighs ____________________ kilograms. (Show your work.)

4. A 94-kilogram man weighs ____________________ pounds. (Show your work.)

5. A woman 69 inches tall is ______________________ feet. (Show your work.)

6. A child who is 3 feet tall is ______________________ inches. (Show your work).

Clinical/Laboratory Activities

1. With your clinical supervisor's approval, practice measuring height and weight at your clinical site. Follow the steps of procedure outlined in this lesson.

2. What are the components of the medical record in your medical office? Compare the forms in this lesson with the forms at your clinical site.

3. **Role-play the following situations in which the assistant must assist the client in completing the medical history and registration forms. One student should play the assistant and another should play the client.**

   a. Miss Horton is a very nervous, tense 79-year old woman. She has not seen a physician in 50 years. She is visiting an obstrician/gynecologist for the first time with complaints of vaginal bleeding. She has been single all of her life and has never had a pelvic exam or children. She is hard of hearing and does not wear a hearing aid. She lives alone and needs to have her cataracts removed, thus her eyesight is very poor. The assistant must explain how to complete the new patient registration form and review her form for completeness.

   b. The following scenario should be role-played by three students to represent the foreign exchange student, the impatient woman, and the administrative medical assistant.

      Pam Wallace is a foreign exchange college student and is in your dermatologist's office for the first time with a bright red, itchy rash all over her body. She speaks English, but it takes awhile for her to process an answer to your questions. She needs a lot of help completing the registration and medical history forms. The physician has just been called away for an emergency and will be an hour late. An angry, impatient woman in the reception area frequently interrupts your conversation with Pam. The assistant must explain to Pam what each component of the form means and also explain why the physician will be late.

Lesson 2:
Medical Transcription

Objectives:

A. Operate a transcription machine.

B. Identify the main types of transcribed letter formats.

C. Use medical reference books when transcribing dictation.

D. Perform medical transcription.

Key Terms:

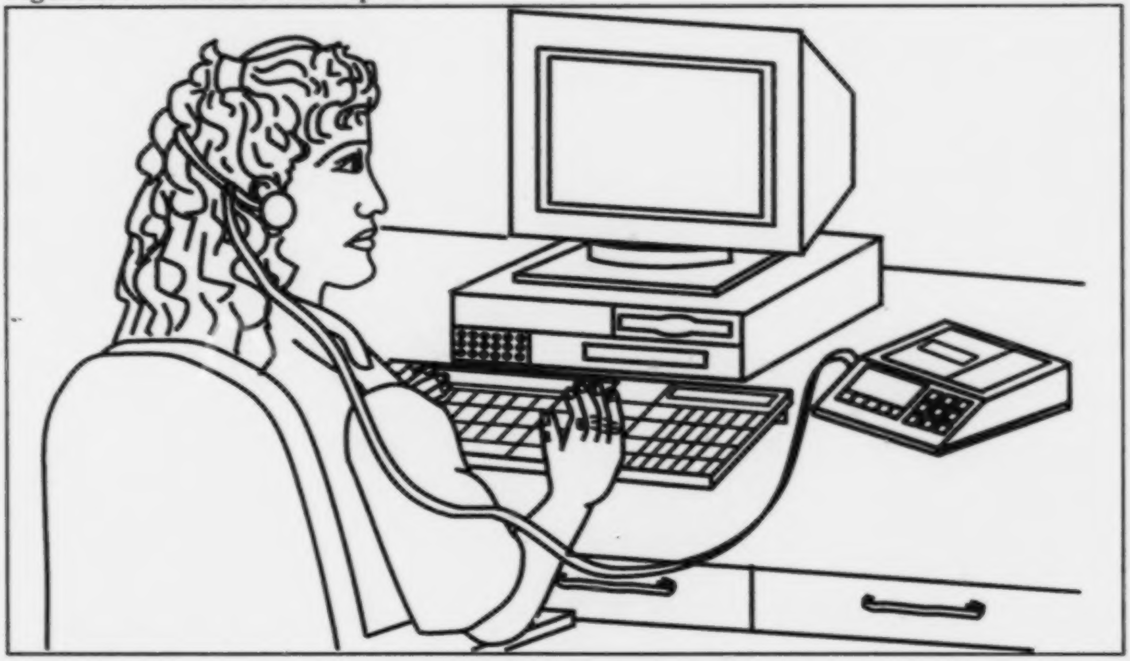
- Medical transcribing
- Dictate
- Dictation-transcription machine

Transcription is an advanced skill that requires familiarity of medical terminology, a strong command of the English language, and rapid typing speed. It takes many years of experience to be a superior medical transcriptionist. The administrative medical assistant can improve skills by practicing operation of the transcription machine, becoming familiar with medical terminology and spelling, and using medical references to compile accurate transcripts.

The Transcription Machine

Medical transcribing is rewriting information, such as progress notes or letters, that have been dictated by the physician on a machine. In medical transcription, to **dictate** means to record information on a dictation-transcription machine. The recorded information is then transcribed, usually by an assistant or a medical transcriptionist.

Figure 2.1 - Medical Transcription



There are several types of **dictation-transcription machines** (Figure 2.1) available. Some machines are used for dictation or transcription only. Other machines are used for both dictation and transcription. The most common dictation-transcription machines used in physicians' offices are the desktop machines. Many physicians use a portable dictation machine, which can be operated by electricity or battery. With a portable machine, the physician is able to dictate in his or her office, at home, in the car, or while attending meetings. The administrative medical assistant should ensure that all equipment is ready for the physician's use by replacing the batteries in portable machines as needed and keeping a supply of blank tapes on hand.

The transcription machine is operated by foot controls. When the forward pedal is pressed, the machine plays. When the pedal is released, the machine stops. There is another pedal for reversing, or backing up the tape. The process includes pressing the pedal and listening to the tape, then releasing the pedal and typing the information. If the information needs to be heard again, rewind the tape and listen again. The speed is adjustable to either slow or fast. The machine also has controls for fast forward and automatic rewind.

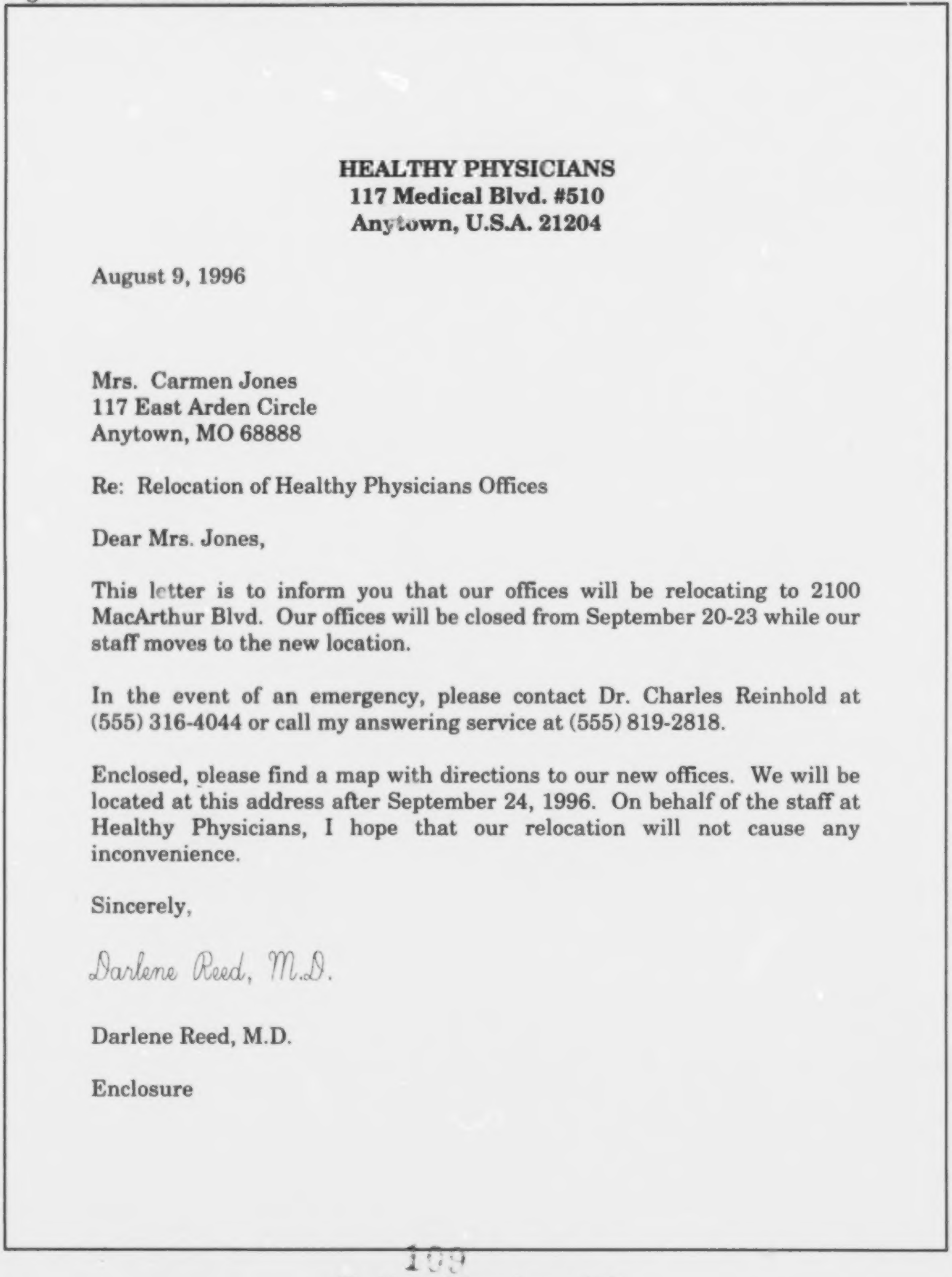
Steps of Procedure for Operating a Transcription Machine:

1. Turn on the transcription machine.
2. Check to be sure the headset with earphones and the foot controls are properly attached to the machine.
3. Select the tape to be transcribed. NOTE: Type rushed reports or oldest dictation first.
4. Adjust headset with earphones.
5. Insert tape into the machine.
6. Press pedal or play tab to listen to the dictation. NOTE: Sometimes the tape may need to be rewound.
7. Listen to the physician's instructions.
8. Adjust volume, tone, and speed controls for the clearest reception.
9. Set the typewriter or computer margin and tab stops.
10. Insert paper into the typewriter, or if using a computer, bring up a blank screen.
11. Alternately press and release the foot pedal to listen and transcribe the recorded message.
12. Save the dictation on tape until the physician reads the report or the letter, in case questions arise.
13. Erase the tape after the report has been approved or the letter has been signed.
14. Turn off the machine and place the headset and other accessory items in the appropriate place.

Transcribed Letter Formats

There are several different formats used to compose business letters. In the medical office, the most common formats are modified block and simplified block. When using block formats, there is more ease in keying special lines, such as the date and the closing lines.

Figure 2.2 - Transcribed Letter in Block Format



HEALTHY PHYSICIANS
117 Medical Blvd. #510
Anytown, U.S.A. 21204

August 9, 1996

Mrs. Carmen Jones
117 East Arden Circle
Anytown, MO 68888

Re: Relocation of Healthy Physicians Offices

Dear Mrs. Jones,

This letter is to inform you that our offices will be relocating to 2100 MacArthur Blvd. Our offices will be closed from September 20-23 while our staff moves to the new location.

In the event of an emergency, please contact Dr. Charles Reinhold at (555) 316-4044 or call my answering service at (555) 819-2818.

Enclosed, please find a map with directions to our new offices. We will be located at this address after September 24, 1996. On behalf of the staff at Healthy Physicians, I hope that our relocation will not cause any inconvenience.

Sincerely,

Darlene Reed, M.D.

Darlene Reed, M.D.

Enclosure

In the modified block format, the date line and the closing lines begin at the horizontal center of the page rather than flush with the left margin. In this format, the paragraphs are also indented.

In the simplified block format, all parts of the letter begin at the left margin. Refer to Figure 2.2 for a sample of a simplified block letter.

Medical References for Transcribing Dictation

As stated earlier, transcription is an advanced skill that may be performed under rush conditions. Using proper medical terminology and abbreviations is essential. It is easy to see how the wrong terminology could result in confusion. Transcription involves competency in keyboarding, proper use of the English language, and proper punctuation. The ultimate test of the administrative medical assistant is to perform the complicated process and produce a quality transcript.

Because the administrative medical assistant works with highly technical medical terms and is responsible for the correct spelling, punctuation, and word usage, it is important to know and be able to use the resources available. Some of the resources the assistant should be familiar with are a dictionary, the *Physician's Desk Reference* (*PDR*), and the *Merck Manual*. Some commonly used medical dictionaries include *Mosby's Medical, Nursing, & Allied Health Dictionary* and *Dorland's Medical Dictionary*. Other references may be needed for a specialist's practice.

Because many medical terms sound alike, the assistant should always confirm transcription with the physician when unsure of terminology. The consequences of assuming the correct use or spelling of a term can be quite serious.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written unit evaluation. A score of at least 80 percent indicates that you may proceed to the next unit. Check with your clinical supervisor for skill testing.

Lesson 2: Medical Transcription

Activity Sheet

1. List the two types of transcribed letter formats.

   a. ______________________________

   b. ______________________________

2. List three references that can be used when transcribing dictation.

   a. ______________________________

   b. ______________________________

   c. ______________________________

3. Why is it important to use the correct medical terminology when performing transcription?

   ____

   ____

   ____

Clinical/Laboratory Activities

1. With your clinical supervisor's approval, perform medical transcription. Use references to confirm spelling and usage of the medical terminology.

Unit Checklist

Student Name ______________________ Overall Unit Rating __________

Activity Sheet: Introduction to Medical Records Management Rating _____

Comments: ____

____

____

Skill Sheet: Measure Weight and Height Rating _____

Activity Sheet: Medical Transcription Rating _____

Comments: ____

____

____

Skill Sheet: Operate a Transcription Machine Rating _____

Written Unit Evaluation Score _____

Additional Comments: ____

____

____

Teacher Signature ______________________ Date __________

Student Signature ______________________ Date __________

Unit VI

Insurance and Finance

The administrative medical assistant frequently deals with the finances of the medical office. To understand medical office finances and basic accounting procedures, the assistant should understand how health insurance works. Unit VI discusses insurance, accounts receivable management, and accounts payable management.

Unit Lessons

Processing Insurance Claims

Managing Accounts Receivable

Managing Accounts Payable

Lesson 1: Processing Insurance Claims

Objectives:

A. Differentiate between types of health insurance.

B. Use ICD-9-CM and CPT reference books to perform insurance coding.

C. Process insurance claims.

Key Terms:

- Private health insurance
- Public health insurance
- Deductible
- Coinsurance
- Co-payment
- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Encounter form
- Claim form

Health insurance is a way for people to protect themselves and their families with access to the health care system. Some people who have insurance are at high risk, meaning they have conditions that require more health care. There are other people at low risk, meaning they probably will not use the health care system often. The insurance company takes a "risk" when it insures someone because they are not always able to predict how much health care will be needed. The cost of insurance is averaged out over the people insured.

Types of Health Insurance

There are two categories of insurers. **Private health insurance** is insurance that is paid for by a private company or an individual. **Public health insurance**, the other category, is funded through federal or state government.

Private Health Insurance

Most private health insurance companies provide two basic categories of coverage: medical expense insurance and disability income insurance. *Medical expense insurance* provides broad benefits that can cover most costs connected with hospital and medical care and related services. *Disability income insurance* provides periodic payments when the individual insured is unable to work as a result of sickness or injury.

Hospital expense coverage provides specific benefits for daily hospital room and board, usual hospital services, and supplies during hospital visits. Hospital expense coverage may cover both surgical operations and physician office visits.

Major medical expense coverage offers a great amount of protection, for large, unpredictable medical expenses. Most major medical policies have some form of a deductible. A **deductible** is an initial amount of money that is paid by the insured person. **Coinsurance** is when the client pays a certain percentage of the bill and the insurance company pays a certain percentage. Frequently, the client pays 20 percent and the insurance company pays the remaining 80 percent. **Co-payment** requires the client to pay a fixed amount for each service provided. For example, if the co-payment is ten dollars, the client pays ten dollars for the service, whether the service costs twenty dollars or eighty dollars.

Managed Care

Managed care is a private health care system that integrates financing and delivery of health care services to insured individuals. Managed care plans are typically arranged with selected providers to furnish a comprehensive set of high quality health care services to members. This system develops significant financial incentives for members to use certain providers and procedures covered by the plan.

Managed care plans strive to ensure quality and appropriate care at a low cost. Two common managed care models include Health Maintenance Organizations and Preferred Provider Organizations.

Health Maintenance Organizations (HMOs) provide a defined, comprehensive set of health services to a voluntarily enrolled population within a specified geographic service area. There are several models of HMOs. The group model involves a physician medical group contracting with the HMO. The HMO is financially responsible for covering enrollees. In the staff model, physicians are employees for the HMO. A third model is the network model. In the network model, the HMO contracts with two or more independent group practices.

Preferred Provider Organizations (PPOs) are another form of managed care. The PPO is more flexible than the HMO, giving clients greater freedom in choosing providers. Like HMOs, the PPOs direct clients to providers who agree to provide medical services based on negotiated fee schedule. Individuals enrolled in a PPO typically experience a financial penalty if they choose a nonaffiliated provider, but that option is available to them.

Public Health Insurance

Medicare is a federally administered program that provides hospital and medical insurance protection to those persons age 65 and older, disabled persons under age 65 who receive cash benefits under Social Security, and people of all ages with chronic kidney disease.

Medicaid is a program that provides medical assistance to certain individuals and families with low-incomes. Medicaid is administered by each state according to certain federal requirements and guidelines and is financed through both state and federal funds. It provides medical assistance to persons who are eligible for cash assistance programs such as Aid to Families of Dependent Children (AFDC) and Supplemental Security Income (SSI). Medicaid benefits may also be available to people who have enough income for basic living expenses but cannot afford to pay for their medical care.

CHAMPUS is an acronym for Civilian Health and Medical Program of the Uniformed Services. CHAMPUS provides supplemental medical care to families of people in the military and public health service facilities. If there is no military hospital near the client, he or she may be cared for by a local physician.

Worker's compensation is a form of insurance that an employer provides for employees who are injured or become ill on the job as a result of their job duties. Most medical offices require authorization for treatment from the employer before administering treatment.

Insurance Coding

Current Procedural Terminology (CPT) is an insurance coding book published by the

American Medical Association. This code system uses five-digit numbers with two-digit or five-digit modifiers to represent various health care procedures. The *Current Procedural Terminology* book provides an accurate description of services rendered so maximum payment from insurance companies can be obtained. Since the book is revised annually, it is important to use the current edition. If a code cannot be found in the listing, a provision has been made for using specific code numbers for reporting the unlisted procedure. In these situations, a description of the service must also be provided.

An example of a CPT code is code 99201 which stands for an office or other outpatient visit for the evaluation of a new client. Code 99201 requires these three components:

- A problem-focused history
- A problem-focused examination
- Straightforward medical decision making

The three components, combined, are found only in code 99201 for a new client. Other components, such as problem severity and time spent, may be needed to describe the physician's examination in more detail.

Another type of coding is diagnostic coding. *ICD-9-CM* stands for *International Classification of Diseases, Ninth Revision, Clinical Modification*. Volumes I and II are used to code diagnoses in physician offices for insurance companies. Information at the beginning of volumes I and II explains how to do the coding. Each code symbolizes a diagnosis that is recorded on an encounter form. **Encounter forms**, also called superbills, (Figure 1.1) are forms used to indicate services rendered for specific diagnoses. These forms are used to determine charges on a client account.

Examples of *ICD* codes are:

789.0	Abdominal pain
493.9	Asthma
786.5	Chest pain
278	Obesity
034.0	Strep Throat

Processing Insurance Claims

A **claim form**, developed by the Health Care Financing Administration, is a request for payment under an insurance contract. The universal claim form can be used for all insurance companies. It is very important that all components of the claim form are completed by the administrative medical assistant. See Figure 1.2 for a sample claim form.

The client's encounter form should also be complete and accurate. The insurance claim number should be checked every six months if the client is not being seen on a regular basis. If the insurance check is to go directly to the physician, the client is asked to sign an agreement allowing insurance benefits to be paid directly to the physician. This is known as assignment of benefits.

It is the assistant's responsibility to ensure that the client's portion and the employer's portion are complete and accurate. If the claim form is not complete or is inaccurate, payment will not be received from the insurance company. Therefore, complete and accurate forms are extremely important. Upon completion, both the client registration form and the claim form should be sent to the insurance carrier.

igure 1.1 - Encounter Form

IEALTHY ORTHOPEDISTS
700 Strong Bones Blvd.
ınytown, MO 55555

Date of Service ____________________

ame: ____________________
ddress: ____________________
____
____
Ph __________ WPh __________
S. # ____________________
.O.B. __________ Age __________

( ) 04138 Nolan
( ) 10383 Embrey
( ) 04880 Smith
( ) 08567 Chen

CONSULTATIONS**
99241 Level 1 ________
99242 Level 2 ________
99243 Level 3 ________
99244 Level 4 ________
99245 Level 5 ________

OFFICE VISIT RETURN
☐ 99211 Level 1 ________
☐ 99212 Level 2 ________
☐ 99213 Level 3 ________
☐ 99214 Level 4 ________
☐ 99215 Level 5 ________
☐ -24 Separate Service in Post-Op Period
☐ -25 E&M Service same day as procedure (requires 2DX)

OFFICE VISIT NEW
☐ 99201 Level 1 ________
☐ 99202 Level 2 ________
☐ 99203 Level 3 ________
☐ 99204 Level 4 ________
☐ 99205 Level 5 ________

OTHER
☐ 99499 Ancillary Service N/C
☐ 99199 Pre-Op N/C
☐ 99024 Post-Op N/C
☐ 99456 Medical Disability Exam
*☐ 99499-32 IME or DVR Report
☐ -57 Day of Surgery

PROCEDURES**
20600* Aspir/Inject Sm joint
20605* Aspir/Inject Med joint
20610* Aspir/Inject Lg joint
29358 Long Leg Cast Brace
29125 Splint, Short Arm

☐ 29105 Splint Long Arm
☐ 29515 Splint Short Leg
☐ 29505 Splint Long Leg
☐ 29075 Short Arm Cast
☐ 29065 Long Arm Cast

☐ 29405 Short leg cast
☐ 29345 Long leg cast
☐ 29046 Body Spica cast
☐ 29450 Clubfoot cast-uni
☐ 29450-50 Clubfoot cast-bil

☐ 10060* I & D single abscess
☐ 11061 I & D mult. abscess
☐ 20670 Removal of pin
☐ -58 Staged procedure Post-Op period

DIAGNOSIS

ıRTHRITIS/JOINT ABNORM *
711.00 Acute pyrogenic arth.
718.90 Internal joint derang.
715.90 Osteoarthritis
714.0 Rheum.Arth/Allied cond
715.90 DJD
ONGEN/DEVEL ABNORMALITIES*
755.63 Acetabular Dysplasia
343.9 Cerebral palsy
754.70 Club foot
754.30 Cong hip dislocation
755.63 Cong hip anamoly
737.9 Curvature spine
756.10 Lumbosac.spine anom
742.59 Kyelodysplasia
733.14 Path fx femur, neck
733.15 Path fx femur, oth spec
733.11 Path fx humerus
733.13 Path fx vertebrae
732.9 Slpd cap fem epiphysis
736.89 Tibial Torsion-Ext/Int
ꞁISLOCATIONS*
832.00 Elbow
834.00 Fingers

☐ 835.00 Hip
☐ 836.50 Knee
☐ 831.00 Shoulder
☐ 831.14 AC joint
* FRACTURES/FX DISLOCATIONS*
☐ 824.8 Ankle
☐ 825.0 Calcaneus, closed
☐ 825.1 Calcaneus, open
☐ 814.00 Carpus
☐ 805.00 Cervical spine
☐ 810.0 Clavicle
☐ 820.8 Femoral neck
☐ 821.01 Femoral shaft
☐ 821.01 Femoral trochanteric
☐ 812.00 Humerus
☐ 815.00 Metacarpals
☐ 822.0 Patella
☐ 808.8 Pelvis
☐ 826.0 Phalanges (foot)
☐ 816.00 Phalanges (hand)
☐ 813.42 Radius, distal
☐ 813.83 Radius/Ulna
☐ 825.29 Tansal/Metatarsals
☐ 823.82 Tibia/fibula

☐ 805.4 Spine, Lumber
☐ 806.2 Spine, Thoracic
* SPRAINS/STRAINS *
☐ 717.83 ACL Tear
☐ 845.00 Ankle/foot
☐ 841.9 Elbow/forearm
☐ 843.9 Hip/thigh
☐ 836.2 Int. Knee Derangement
☐ 844.9 Knee/leg
☐ 847.0 Neck
☐ 840.9 Shoulder/upper arm
☐ 847.9 Thoraco/lumbar spine
☐ 842.00 Wrist/hand
* MISC*
☐ 724.5 Back Pain Unk Etiology
☐ 727.3 Bursitis
☐ 354.0 Carpal Tunnel Syndrome
☐ 717.7 Chondromalacia patella
☐ 722.52 Degen lumber disc dis
☐ 735.0 Hallux valgus
☐ V20.2 Healthy Child
☐ 722.2 Hern nucleus pulposus
☐ 755.69 Leg Length Discrepancy
☐ 724.2 Low back pain

☐ 754.0 Metatar, Adductus Valgus
☐ 754.53 Metatar, Adductus Varus
☐ 728.12 Myositis ossificans
☐ 213.9 Neoplase, benign, bone
☐ 215.9 Neoplasm, ben, soft tiss
☐ 170.9 Neoplasm, malig, bone
☐ 171.9 Neoplasm, malig, sft tiss
☐ 355.9 Nerve entrapment synd.
☐ 732.4 Osgood-Schlatter Dis
☐ 730.28 Osteomyelitis
☐ 733.00 Osteoporosis, malacia
☐ 727.59 Overuse synd/synv rupt
☐ 337.21 Reflex Sympathetic
☐ dystrophy, upper limb
☐ 337.22 Reflex Sympathetic
☐ dystrophy, lower limb
☐ 756.19 Spinal Asymetry
☐ 952.9 Spinal Cord Injury
☐ 724.00 Spinal Stenosis
☐ 727.00 Tenosynovitis
☐ V67.0 Post op follow-up
* OTHER - please list *
☐ ______ ____________________

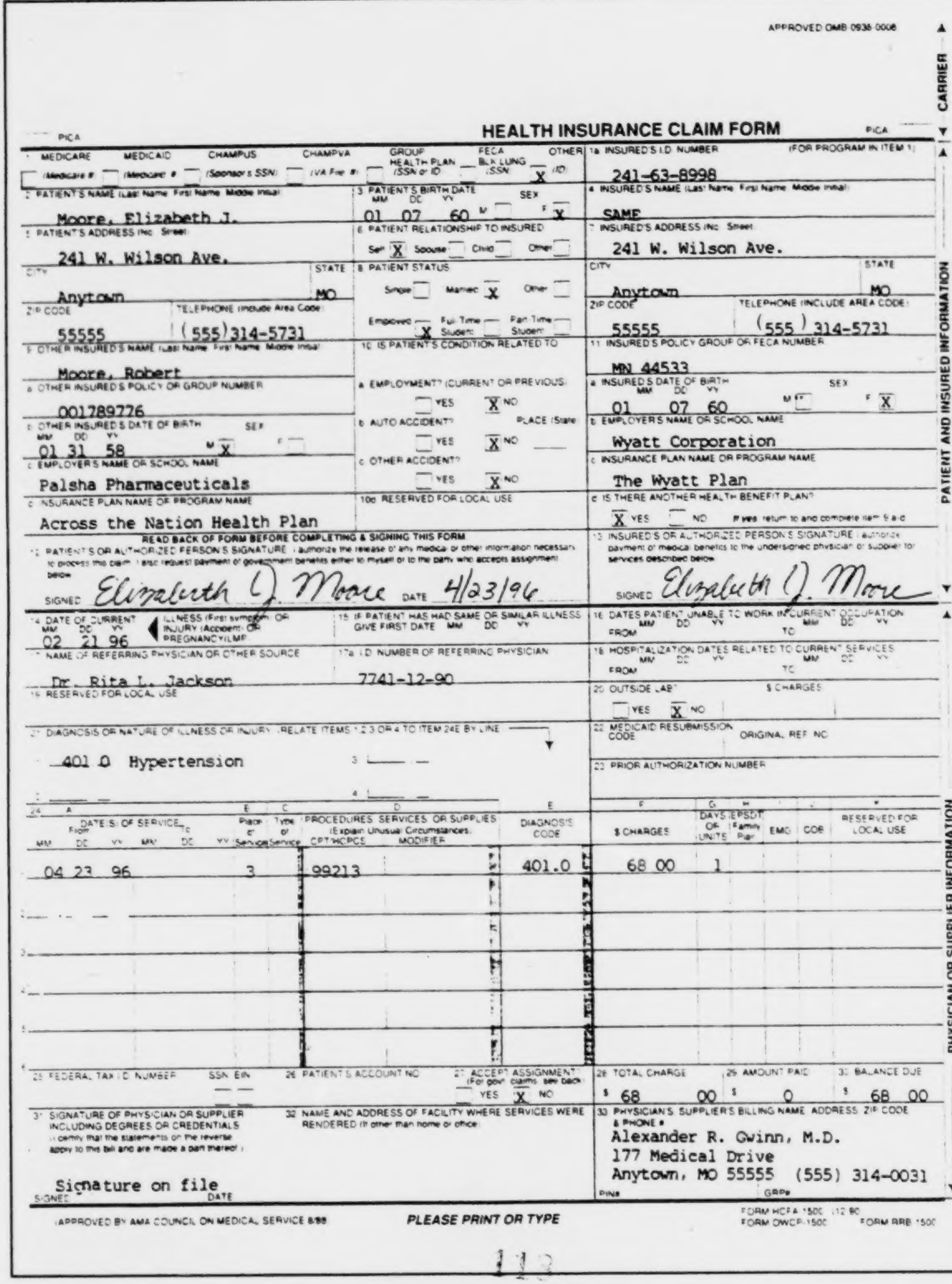
Primary Insurance
____
____
____
____
____
____
ıbscriber: ____________________
an#: __________ Eff: __________
roup#: __________ Exp: __________

Secondary Insurance
____
____
____
____
____
____
Subscriber: ____________________
Plan#: __________ Eff: ______
Group#: __________ Exp: ______

FSC1 ____ ______
FSC2 ____ ______
FSC3 ____ ______
FSC4 ____ ______
FSC5 ____ ______
FSC6 ____ ______
FSC7 ____ ______
FSC8 ____ ______
Acct Bal ________
Stmt Bal ________

Estimate of Today's Charges ________
Paid Today ________
Cash check# ______ ch
BALANCE ________
Initials _____

Figure 1.2 - Claim Form



APPROVED OMB 0938-0008

CARRIER

PICA **HEALTH INSURANCE CLAIM FORM** PICA

1. MEDICARE ☐ (Medicare #) MEDICAID ☐ (Medicaid #) CHAMPUS ☐ (Sponsor's SSN) CHAMPVA ☐ (VA File #) GROUP HEALTH PLAN ☐ (SSN or ID) FECA BLK LUNG ☐ (SSN) OTHER ☒ (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1): 241-63-8998

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Moore, Elizabeth J.

3. PATIENT'S BIRTH DATE MM DD YY: 01 07 60 SEX M ☐ F ☒

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME

5. PATIENT'S ADDRESS (No. Street): 241 W. Wilson Ave.

CITY: Anytown STATE: MO

ZIP CODE: 55555 TELEPHONE (Include Area Code): (555)314-5731

6. PATIENT RELATIONSHIP TO INSURED: Self ☒ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No. Street): 241 W. Wilson Ave.

CITY: Anytown STATE: MO

ZIP CODE: 55555 TELEPHONE (INCLUDE AREA CODE): (555) 314-5731

8. PATIENT STATUS: Single ☐ Married ☒ Other ☐

Employed ☒ Full-Time Student ☐ Part-Time Student ☐

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): Moore, Robert

a. OTHER INSURED'S POLICY OR GROUP NUMBER: 001789776

b. OTHER INSURED'S DATE OF BIRTH MM DD YY: 01 31 58 SEX M ☒ F ☐

c. EMPLOYER'S NAME OR SCHOOL NAME: Palsha Pharmaceuticals

d. INSURANCE PLAN NAME OR PROGRAM NAME: Across the Nation Health Plan

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (CURRENT OR PREVIOUS) ☐ YES ☒ NO

b. AUTO ACCIDENT? ☐ YES ☒ NO PLACE (State)

c. OTHER ACCIDENT? ☐ YES ☒ NO

10d. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER: MN 44533

a. INSURED'S DATE OF BIRTH MM DD YY: 01 07 60 SEX M ☐ F ☒

b. EMPLOYER'S NAME OR SCHOOL NAME: Wyatt Corporation

c. INSURANCE PLAN NAME OR PROGRAM NAME: The Wyatt Plan

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☒ YES ☐ NO If yes, return to and complete item 9 a-d

PATIENT AND INSURED INFORMATION

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Elizabeth J. Moore DATE 4/23/96

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Elizabeth J. Moore

14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY: 02 21 96

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: Dr. Rita L. Jackson

17a. I.D. NUMBER OF REFERRING PHYSICIAN: 7741-12-90

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. 401.0 Hypertension

2\.

3\.

4\.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24 A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
04 23 96		3		99213		401.0	68 00	1				

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☒ NO

28. TOTAL CHARGE $ 68 00

29. AMOUNT PAID $ 0

30. BALANCE DUE $ 68 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Signature on file

SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

Alexander R. Gwinn, M.D.
177 Medical Drive
Anytown, MO 55555 (555) 314-0031

PIN# GRP#

PHYSICIAN OR SUPPLIER INFORMATION

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) **PLEASE PRINT OR TYPE** FORM HCFA-1500 (12-90) FORM OWCP-1500 FORM RRB-1500

BEST COPY AVAILABLE

Figure 1.3 - Insurance Claims Follow-up Log

Date Filed	Patient	Insurance Company	Amount Billed	Amount Paid
4/10	Marlene Mitchell	GoodCare, Inc.	$50.00	$50.00
4/10	Susan Wright	You're Insured Co.	$60.00	
4/10	Alexander Gwinn	GoodCare, Inc.	$45.00	
4/10	Elizabeth Anthony	TLC, Inc.	$25.00	$25.00
4/10	Chris Drapeau	You're Insured, Inc.	$50.00	$50.00
4/10	Rosemary Perez	Health And More, Inc.	$60.00	

insurance companies. By using a log, the administrative medical assistant can easily detect past due claims and request payment from insurance companies. When payment is received, a thin line should be drawn through the row of information. The line should be thin enough so the information can still be read if necessary.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: Processing Insurance Claims

Activity Sheet

Match the following definitions in Column A to the insurance terms in Column B.

COLUMN A

____1. A request for payment under an insurance contract

____2. A managed care plan that provides a defined, comprehensive set of health services to a voluntarily enrolled population within a specific area

____3. Requires the client to pay a fixed amount for each service provided

____4. The initial amount of money paid by the person who is insured

____5. A book that provides an accurate description of services rendered so payment from insurance companies can be obtained

____6. Requires the client to pay a certain percentage of a medical bill and the insurance company pays a certain percentage

____7. A managed care plan that offers more flexibility than other plans, giving clients greater freedom in choosing providers

____8. A book used to code diagnoses for insurance companies

COLUMN B

a. Co-payment

b. *Current Procedural Terminology (CPT)*

c. Deductible

d. Health Maintenance Organization (HMO)

e. Coinsurance

f. Preferred Provider Organization (PPO)

g. Claim

h. *ICD-9-CM*

9. What is the difference between private health insurance and public health insurance?

____

____

10. Using the *ICD-9-CM* code book, list the *ICD-9-CM* codes for the following diagnoses. Be sure to use the most recent version.

    a. Depression:

    b. Lower back pain:

    c. Chronic cough:

    d. Chest pain:

11. Using *Current Procedural Terminology*, list all of the *CPT* codes for a new client and all of the *CPT* codes for an established client. Be sure to use the most recent version.

    a.

    b.

Clinical/Laboratory Activities

1. With your clinical supervisor's approval, use *ICD-9-CM* and *CPT* references to practice insurance coding. Ask your supervisor to check your work.

2. With your clinical supervisor's approval, process insurance claims at your clinical site and review for completeness. Ask your supervisor to check your work.

3. Ask your clinical supervisor if your clinical site keeps an insurance claim follow-up log. If not, create a follow-up log like the one described in this lesson.

4. Find out how the procedures of processing claims differs for each insurance company.

Lesson 2: Managing Accounts Receivable

Objectives:

A. Match accounting terms to their definitions.

B. Assign appropriate charge for the service performed.

C. Identify components of a day sheet and ledger card.

D. Process payments made by check.

E. Process cash payments.

F. Process credit card payments.

G. Post charges and payments (insurance and client) on client account.

H. Process client statement.

I. Make bank deposits.

Key Terms:

- Client account
- Debit
- Credit
- Balance
- Accounts receivable
- Transaction slip
- Day sheet
- Ledger card
- Posting
- Pegboard system
- Cycle billing

One of the duties of the administrative medical assistant is managing the accounts receivable in the medical office. In order to do so effectively, the assistant must understand some basic record keeping concepts and terminology. A **client account** is a record of all charges, payments, and the balance due for a particular client. A charge may also be referred to as a **debit**, which adds to a balance, while a payment is a **credit**, which decreases a balance. A **balance** is the difference between debits and credits. This lesson addresses **accounts receivable**, which includes all outstanding accounts, or those with balances due to the medical office.

Assigning Appropriate Charges

To ensure that client accounts are correct, the administrative medical assistant must know what the charges are for the services that are provided. A schedule of fees for various medical procedures and services should be available in the office and the assistant should know where it is located. The assistant uses the schedule of fees to charge the client the correct amount and enters that amount on the day sheet. A **transaction slip**, or receipt, is then given to the client to show the charges incurred during the visit.

Day Sheets and Ledger Cards

The **day sheet** (Figure 2.1), also referred to as the daily journal sheet or daily record sheet, is a record of all charges made and payments received for a particular day. Columns are included on the day sheet for the client's name, a description of the transaction, itemized charges, payments, and current account balance. By using simple addition and subtraction, the administrative medical assistant can figure the total charges and receipts for the day.

In addition to transaction slips and the day sheet, ledger cards are another important

Figure 2.1 - Day Sheet

DATE	SERVICE	FEE	CURRENT BALANCE	PREVIOUS BALANCE	PATIENT'S NAME	CASH	CHECK	CREDIT CARD	MEMO
5/15	Cons	$50.00	0	0	Stanley Walsh		$50.00		
5/15	Cons	$50.00	0	0	Brian Liberman			$50.00	
5/15	NP Rx Ex	$70.00	0	$100.00	Cathy Brown		$170.00		
5/15	OV	$40.00	0	$100.00	Lucy Gibbs		$140.00		
5/15	Cons	$30.00	0	0	Julie Zimmerman		$30.00		deductible
5.15	NP Rx Ex	$70.00	0	0	Robert Palsha	$70.00			
5/15	OV	$25.00	$15.00	0	JoAnn Edell	$10.00			co-payment
5/15	HV	$70.00	0	$35.00	Marguret Boyce		$105.00		
5/15	ROA	$100.00	$25.00	0	Jones Smith		$75.00		IB Insurance
5/15	Cons	$50.00	0	0	Marcia Fredrick	$50.00			
5/15	CPX	$60.00	$60.00	0	Wayne Robleski				
5/15	NP Rx Ex	$70.00	0	0	Judy Jacobs	$70.00			
5/15	Cons	$50.00	0	0	Cheryl Quinlan		$50.00		deductible
5/15	OV	$40.00	0	0	Terri Peterson		$40.00		
5/15	CPX	$60.00	0	0	Howard Small			$60.00	
5/15	NP Rx Ex	$70.00	$70.00	0	Sharon Goldberg				
5/15	OV	$25.00	0	0	Ellen Kohler		$25.00		co-payment
TOTALS THIS PAGE →		$930.00	$170.00	$200.00	N/A	$200.00	$685.00	$110.00	N/A
TOTALS PREVIOUS PAGE →		$1260.00	$210.00	$450.00	N/A	$150.00	$550.00	$300.00	N/A
MONTH-TO-DATE TOTALS →		$2190.00	$380.00	$650.00	N/A	$350.00	$1235.00	$410.00	N/A

component of record keeping for accounts receivable. The **ledger card** (Figure 2.2) is a chronological record of the financial transactions for the account of an individual or family. The client's full name, address, telephone number, and insurance information are included on the card. Also recorded on the ledger card are dates and descriptions of transactions, charges, payments, adjustments (such as discounts or write-offs), and the balance due. Other billing information may be indicated on the card as well, such as when the client should be billed. A wide variety of ledger cards are available for office use. A special column for adjustments may or may not be included. If a specific column is not included, adjustments should be listed in red or put in the debit column in parentheses. These figures should then be subtracted from the charge.

All ledger cards showing a balance due should be kept in one place. They may be coded in some way to show the status of an account, such as if it is past due. The administrative medical assistant should be extremely careful to not misplace any ledger cards. Unless the assistant needs a particular ledger card for record keeping purposes, it should remain in the file. A copy should be made if the card is needed for some other reason.

Processing Payments

Payment for medical services is most often received in the form of a check.

Steps of Procedure for Processing a Payment Made by Check:

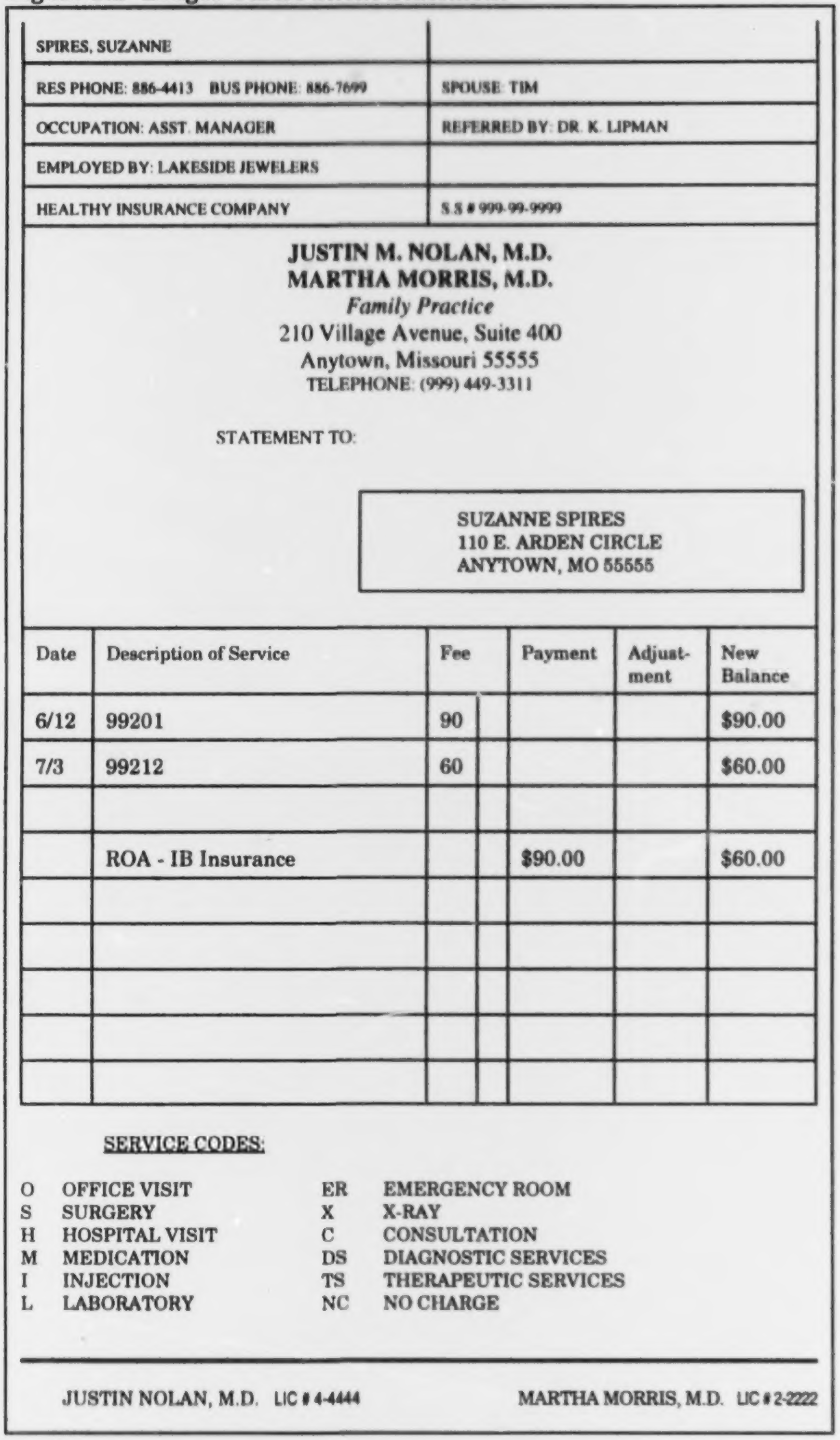
1. Make sure the check has the correct date, amount, and a signature. Do not accept the check if corrections have been made on it or if the check has been written for more than the amount due.
2. Endorse the check. A restrictive endorsement should be used to prevent the check from being used in any way if it is lost or stolen. Stamp or write "For deposit only" and the company's name or endorser's signature in the appropriate area on the back of the check.
3. Place the money received in the drawer in the area designated for checks.
4. Close the cash drawer.
5. Record the payment on the day sheet.
6. Give the client a transaction slip.

Sometimes, the administrative medical assistant may receive cash payments from clients during office visits.

Steps of Procedure for Processing Cash Payments:

1. Record the payment on the day sheet. The amount recorded should not exceed the charge to the client.
2. Subtract the amount of the credit from the amount of cash the client has given to determine the correct change.
3. Open the cash drawer and count the change.
4. Give the change to the client.
5. Place the money received in the cash drawer.
6. Close the cash drawer.
7. Give the client a receipt for the transaction.

Figure 2.2 -Ledger Card/Patient Statement



SPIRES, SUZANNE	
RES PHONE: 886-4413 BUS PHONE: 886-7699	SPOUSE: TIM
OCCUPATION: ASST. MANAGER	REFERRED BY: DR. K. LIPMAN
EMPLOYED BY: LAKESIDE JEWELERS	
HEALTHY INSURANCE COMPANY	S.S # 999-99-9999

JUSTIN M. NOLAN, M.D.
MARTHA MORRIS, M.D.
Family Practice
210 Village Avenue, Suite 400
Anytown, Missouri 55555
TELEPHONE: (999) 449-3311

STATEMENT TO:

SUZANNE SPIRES
110 E. ARDEN CIRCLE
ANYTOWN, MO 55555

Date	Description of Service	Fee	Payment	Adjustment	New Balance
6/12	99201	90			$90.00
7/3	99212	60			$60.00
	ROA - IB Insurance		$90.00		$60.00

SERVICE CODES:

O	OFFICE VISIT	ER	EMERGENCY ROOM
S	SURGERY	X	X-RAY
H	HOSPITAL VISIT	C	CONSULTATION
M	MEDICATION	DS	DIAGNOSTIC SERVICES
I	INJECTION	TS	THERAPEUTIC SERVICES
L	LABORATORY	NC	NO CHARGE

JUSTIN NOLAN, M.D. LIC # 4-4444 MARTHA MORRIS, M.D. LIC # 2-2222

For example, the charge for an office visit is $62.00, and the client pays the assistant $70.00. The assistant should record the $62.00 as credit, subtract $62.00 from $70.00, and give the client $8.00 in change along with a receipt.

Some practices may also accept credit card payments for medical services. One advantage of accepting credit card payments is that the money is available from the bank within 24 hours. It also removes the responsibility from the physician for collecting fees, since the client pays the credit card company. The steps the administrative medical assistant should follow when processing a credit card payment are listed below.

Steps of Procedure for Processing Credit Card Payments:

1. Check the expiration date of the card. If the card is expired, return it to the client and request an alternative form of payment.
2. Place the card on the printer.
3. Place a charge slip over the credit card.
4. Print the slip.
5. Record the payment on the day sheet.
6. Ask the client to sign the slip.
7. Compare the signature on the form to the signature on the card.
8. Give the customer copy of the slip to the client.
9. Place the remaining slips in the cash drawer as a receipt of the transaction.

At the end of the day, one slip is kept in the office and the other slip is taken to the bank for payment.

Posting Charges and Payments

Two primary systems are used for recording money received from and charges made to clients. In one system, information is recorded on the day sheet at the time the client is charged or when the payment is received from the person directly, by mail, from the insurance company, Medicaid, or Medicare. This information is posted daily to the clients' ledger cards. **Posting** is the process of transferring information from one record to another. When posting, record all charges and payments. If possible, try to minimize distractions and interruptions to reduce the possibility of making a mistake.

Steps of Procedure for Posting a Charge/Debit to a Ledger Card:

1. Pull the client's ledger card.
2. Record the date, a description of the service provided, the amount charged, and any adjustments.
3. Add the debit to the balance.
4. Write the new balance in the balance column.

Steps of Procedure for Posting a Payment/Credit to a Ledger Card:

1. Pull the client's ledger card.
2. Record the date, the source of payment, the date the service was provided, the amount of payment, and any adjustments.
3. Subtract the credit from the balance.

4. Write the new balance in the balance column.

The other system for posting client charges and payments is the pegboard system. The **pegboard system** uses a lightweight board with pegs on one or both sides to hold forms so that all daily office transactions can be written only one time. A day sheet is placed on the pegboard at the beginning of each day. A transaction receipt is then placed on the pegboard so that the line where fees and payments are recorded is directly over the first available line on the day sheet. As each client sees the physician, his or her ledger card is placed in the appropriate place on the pegboard between the day sheet and transaction slip. As the charges and payments are written on the slip, they are also recorded on the client's ledger card and the day sheet. The forms are usually printed on special paper, but if not, carbon paper may be used to transfer an entry to each sheet.

Processing Client Statements

Monthly statements are sent to clients with outstanding accounts. All the bills may be sent on the last day of the month, or cycle billing may be used if there are a large number of outstanding accounts. In **cycle billing**, accounts are grouped according to a number of billing dates. For example, clients whose last names begin with A-M might be billed on the fifteenth, while clients with last names beginning with N-Z would be billed at the end of the month. The same cycle is used every month.

Steps of Procedure for Processing Client Statements:

1. Stack all ledger cards beside the typewriter or open client statement on the computer.
2. Assemble statement forms and window envelopes.
3. Type the client's name and address on a statement form in the area that will show in the window.
4. Stamp the ledger card on the line below the last entry with a date stamp to mark when the statement was sent.
5. Carry over any balance from the previous month and list it under "Services."
6. Type each service charge and payment for the current month. The last line should show the balance due.
7. Print out the client statement if using a computer. Fold the statement so the address will show in the envelope window.
8. Stuff the envelopes.
9. Moisten flaps with envelope moistener. Do not put too much moisture on the flaps.
10. Fold the flaps down and seal for mailing.

Instead of using special statement forms, some practices may send out a copy of the ledger card to clients as a monthly statement.

Making Bank Deposits

The administrative medical assistant is often responsible for depositing cash and checks received in the office in the bank. In some practices, deposits are made on a daily basis, while in others they may be made more infrequently. Check deposits should be made as soon as possible as a courtesy to the client and to avoid checks being lost or stolen.

A bank deposit slip listing the amounts of cash and checks must accompany the bank deposit. Deposit slips have the bank account number printed on them in magnetic ink and character-recognition numbers, which allow the bank to record deposits by computer. The bank will accept a list of deposit items recorded on something besides a deposit slip, such as a slip used with the pegboard record keeping system, if the bank's numbered deposit slip is attached.

Steps of Procedure for Making a Bank Deposit:

1. Separate the currency from the checks to be deposited.

2. Sort the currency so that the bills of the same denomination are together and are placed faceup in the same direction.

3. Stack the bills with the largest denomination on top and the smallest on the bottom or vice versa.

4. Count and place the coins in wrappers, if necessary.

5. Record the total for the currency on the deposit slip.

6. Place checks in alphabetical order by the name of the client account.

7. List checks by number, the name of the check writer, and the amount of the check. Special kinds of checks, such as money orders, should be listed after the standard checks.

8. Be sure all checks are endorsed.

9. Total the amounts of currency and checks.

10. Make a copy of the deposit slip for the office files.

11. Enter the total of the deposit in the practice's checkbook.

12. Place the deposit slip, currency, and checks in a large envelope or zippered bag.

13. Take the money to the bank. Obtain a receipt of the deposit, personally or by mail if a night deposit is made. This receipt can be used to prove a deposit was made if the bank does not record it.

Bank deposits may also be made by mail. Checks can be mailed in the regular post; currency should not be mailed. The same steps are followed to make deposit by mail. Be sure to keep a complete and accurate record of the checks deposited so if the mail is lost, the issuer of the check can be notified to stop payment and send another check to the physician.

Test Your Knowledge: Complete the following activity sheets to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 2: Managing Accounts Receivable

Activity Sheet

Match the definitions in Column A with the terms in Column B.

COLUMN A	COLUMN B
____1. The difference between debits and credits	a. Debit
____2. A record of all charges and payments received for a particular day	b. Balance
____3. The process of transferring information from one record to another	c. Client account
____4. Accounts are grouped according to billing dates	d. Credit
____5. A record of all charges, payments, and the balance due for a particular client	e. Posting
____6. A charge on an account	f. Day sheet
____7. A payment on an account	g. Cycle billing

8. List the components of a day sheet.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

9. List three components of a ledger card.

   a. ____________________

   b. ____________________

   c. ____________________

Clinical/Laboratory Activities

1. After you understand how to manage accounts receivable and with your clinical supervisor's approval, practice processing payments made by check, cash, and credit card, posting charges and payments, processing client statements, and making bank deposits. Ask your supervisor to check your work.

Lesson 3:
Managing Accounts Payable

Objectives:

A. Match terms to their definitions.

B. Write checks to pay office bills.

C. Identify components of a disbursement record.

D. Record payment in a disbursement record.

E. Maintain a record of petty cash.

F. Reconcile bank statements.

Key Terms:

- Accounts payable
- Payee
- Disbursement record
- Petty cash
- Petty cash voucher
- Bank statement
- Reconciliation

Accounts payable refers to money owed by the office. The administrative medical assistant is generally the person who issues payment for these accounts, usually in the form of a check. The assistant is responsible for seeing that payment is made and the information recorded for record keeping purposes.

Writing Checks

The assistant may write checks to pay for equipment, supplies, rent, utilities, and wages. Checks are then given to the physician for his or her signature before being mailed or otherwise distributed. Sometimes the physician will authorize an office manager to sign checks in order to eliminate the need for his or her personal signature. Some offices may require two signatures for each check. Requiring more than one signature provides an opportunity to question expenditures.

Steps of Procedure for Writing a Check:

1. Using a blue or black ink pen, fill out the check stub or check register with the check number, date, name of the **payee** (the person or business to receive the check), the purpose of payment, and the amount of the check. Write in the balance from the previous stub if necessary.

2. Subtract the amount of the current check and write in the balance to be carried forward in the check register.

3. Enter the date on the check.

4. Enter the name of the payee on the line following "Pay to the Order of."

5. Enter the amount of the check in figures. Write the figures close to the dollar sign so other numbers cannot be added to alter the amount.

6. Write out the amount of the check in words. The amounts should be written in terms of dollars and fractions of dollars. For example, a check for $11.25 is written "Eleven and 25/100." Begin writing as far to the left as possible to prevent someone else from altering the amount by writing in front of it. Make sure the amount written in words is the same as the amount written in figures. If they are different, the bank will pay the amount in words. After writing the amount, draw a line

through the remaining space to keep words from being added to increase the amount.

7. The check should be signed by the physician or another authorized individual.

See Figure 3.1 for a sample completed check.

Entering Information in a Disbursement Record

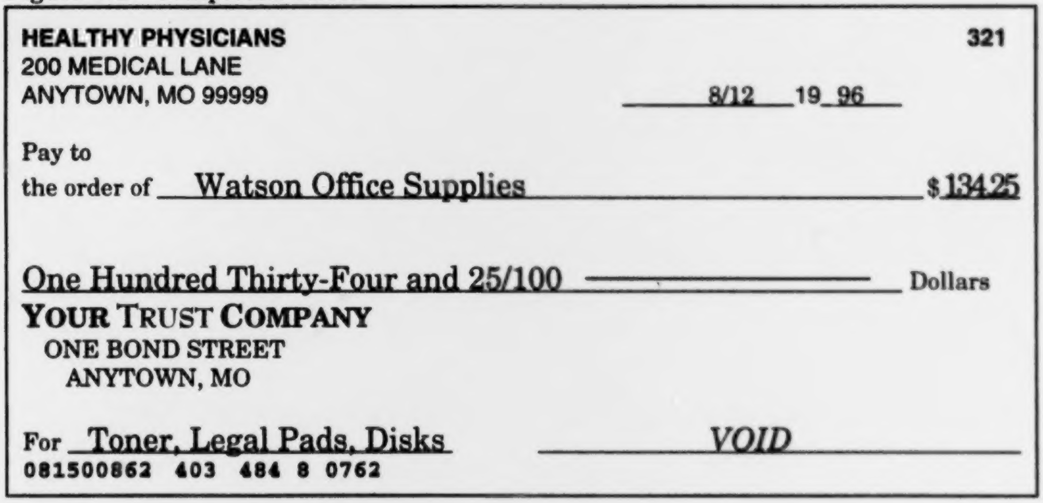
The checks that are written for a medical office must be recorded in a disbursement record. A **disbursement record** (Figure 3.2) is a register of monthly and yearly business expenditures. The record usually has columns for the date, name of payee, check number, amount of check, and columns for categorizing the different types of business expenses. Categories may vary, but might include such things as wages, maintenance, medical supplies, rent, taxes, dues, postage, insurance, utilities, and miscellaneous expenses.

Steps of Procedure for Recording Payments in a Disbursement Record:

1. Enter the date the check was issued.
2. Write the name of the payee.
3. Write the check number.
4. Enter the amount of the check.
5. Enter the amount of the check a second time in the appropriate column for that type of expense. The assistant should be careful to categorize the expenses correctly.

At the end of the month, total each column. Write the totals for the current month at the bottom of each column. When the totals of the columns for each type of expense are added, they should equal the total in the check amount column. The year-to-date totals can be figured by adding the totals for previous expenses to the current totals. A new sheet in the record should be started on the first of each month.

Figure 3.1 - Completed Check



HEALTHY PHYSICIANS
200 MEDICAL LANE
ANYTOWN, MO 99999

321

8/12 19 96

Pay to
the order of Watson Office Supplies $134.25

One Hundred Thirty-Four and 25/100 Dollars

YOUR TRUST COMPANY
ONE BOND STREET
ANYTOWN, MO

For Toner, Legal Pads, Disks

VOID

081500862 403 484 8 0762

Figure 3.2 - Disbursement Record

DATE	CHECK #	PAYEE	AMOUNT		LAB FEES		SUPPLIES		RENT		UTILITIES		DUES		INSURANCE/ TAXES		MISC	
6/18	1362	Cole Pharmaceutical Co.	140	12			140	12										
6/18	1363	Corner Office Supply	34	19			34	19										
6/18	1364	Building Management	800	00					800	00								
6/18	1365	Flackne Laboratories	160	00	160	00												
6/18	1366	City Electric Co.	96	72							96	72						
6/19	1367	City Gas Co.	68	21							68	21						
6/19	1368	National Bank	24	00											24	00		
6/19	1369	American Physicians club	50	00									50	00				
6/19	1370	Baker Laboratories	95	00	95	00												
6/19	1371	Speedy Dry Cleaning	17	25													17	25
		TOTALS THIS MONTH	1485	49	255	00	174	31	800	00	164	93	50	00	24	00	17	25
		BROUGHT FORWARD	1370	25	320	75	239	84	650	00	57	25			38	29	59	74
		YEAR-TO-DATE	2855	74	575	75	414	15	1450	00	202	18	50	00	62	29	76	99

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Petty Cash

A petty cash fund is a small cash fund to pay for minor office expenses, such as accepting letters with postage due or parking for office staff. The administrative medical assistant may be responsible for maintaining the petty cash fund.

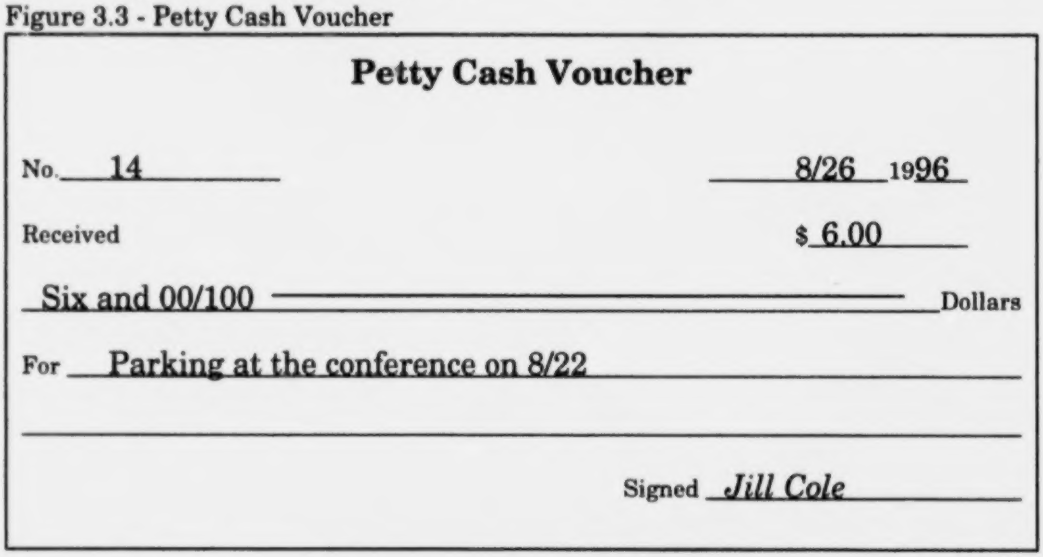
The fund is set up with a relatively small amount of cash, but it should be at least enough to last for two weeks. To establish a fund, cash a check written out to Petty Cash and place the money in a cash box, separate from client payments. The cash should be stored in a locked cash box or drawer. When the fund has been depleted to a certain predetermined level, another check should be written to bring the total of the fund back to the original amount.

Petty cash should be controlled through the use of vouchers and a petty cash record (Figure 3.3). A **petty cash voucher** is a slip that should be filled out each time the fund is used to control payments made from petty cash. This form provides a receipt that records the date, amount paid, purpose, and name of the person to whom the payment was made. The voucher must always be signed or initialed by two persons, either the person using the fund and the recipient of the payment or the person authorizing the expenditure and the person making the payment. A record of petty cash should also be kept showing the amounts of money deposited in or withdrawn from the fund as indicated by the vouchers and receipts. The record should include columns for entering the date, the amount of money received or spent, a description of the expense, and the current balance of petty cash.

Steps of Procedure for Maintaining Petty Cash Records:

1. Total the payments shown on the vouchers.
2. Enter the total in the petty cash record book.
3. Count the cash on hand.
4. Add the total payments and the cash on hand. The amount should equal the original balance amount.
5. Prepare a check made out to "Petty Cash" equal to the amount of payments.

Figure 3.3 - Petty Cash Voucher



Petty Cash Voucher

No. 14

8/26 1996

Received

$ 6.00

Six and 00/100 Dollars

For Parking at the conference on 8/22

Signed *Jill Cole*

Insurance and Finance, page 6.24

6. Cash the check.

7. Add the money to the fund.

Reconciling Bank Statements

Every month the medical office will receive a **bank statement**, a list that shows all the transactions made during the month, along with the canceled checks. Listed on the statement are the amounts of each deposit and withdrawal with the date each transaction was processed by the bank. The bank statement also shows the number of each check, service charges, interest, and any credits or corrections that the bank makes to the account.

The administrative medical assistant needs to be sure the bank and office accounts are in agreement. **Reconciliation** is the process of checking the accuracy of bank records against the records of the account holder. Because the balance on the statement and the current balance in office records usually does not agree, the statement has a section where any deposits or checks written that have not yet been processed by the bank can be figured in.

A statement should be reconciled as soon as it is received so that any errors made by the bank can be handled immediately.

Steps of Procedure for Reconciling a Bank Statement:

1. Compare the opening balance on the new statement with the closing balance on the last statement to make sure they are the same.

2. List the ending balance figured by the bank in the appropriate space on the reconciliation worksheet.

3. If the canceled checks are not in numerical order, place them in numerical order.

4. Compare the amounts of the check entries on the statement with those on the returned checks.

5. Put a red check mark on each stub or check register entry that appears on the statement. Any stub or entry that has not been checked indicates an outstanding check, or a check that has been written but has not yet been returned by the bank.

6. List and total all outstanding checks, and enter the total on the reconciliation form.

7. Compare the amounts of the deposits shown on the statement with the amounts shown on the stubs or register.

8. List and total any deposits not shown on the statement.

9. Add the deposits to the balance shown by the bank.

10. Subtract the withdrawals from the balance.

11. Enter the balance from the practice's record on the reconciliation form.

12. Record any service charges or interest payments listed on the statement on the stub or register and on the reconciliation form.

13. Subtract the service charges from and add the interest payment to the balance on the check stubs or register.

14. Check the new balance listed in the practice's records against the adjusted balance from the bank statement. They should agree.

15. If the balances do not agree, the assistant must check all the amounts listed and calculations made to locate the source of the error.

When the assistant notices during reconciliation that a check has been outstanding for some time, he or she should contact the payee to make sure that payment has been received. If the check has been lost, the assistant will need to issue another check.

Computer Record Keeping

Computer programs that keep track of accounts payable and accounts receivable transactions are widely available. If the practice in which the assistant works uses a computer for record keeping, he or she will have to learn that particular program in order to perform many of the tasks listed in the last two lessons.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written unit evaluation for this unit. A score of at least 80 percent indicates that you may proceed to the next unit. Check with your clinical supervisor for skill testing.

Lesson 3: Managing Accounts Payable

Activity Sheet

Match the definitions in Column A with the terms in Column B.

COLUMN A

____1. Money owed by the office

____2. A fund used to pay minor office expenses

____3. A list of all bank transactions made during the month

____4. A register of monthly and yearly business expenditures

____5. The person or business to receive a check

____6. The process of checking the bank records against the records of the account holder

COLUMN B

a. Bank statement

b. Reconciliation

c. Disbursement record

d. Accounts payable

e. Payee

f. Petty cash

7. List the components of a disbursement record.

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

   e. ______________________________

8. A(n) ____________________ should be completed each time the petty cash fund is used in order to control payments made from petty cash.

9. Why is it important to reconcile bank statements?

____

____

Clinical/Laboratory Activities

1. After you understand how to manage accounts payable and with your clinical supervisor's approval, practice writing checks, recording payments in a disbursement record, maintaining petty cash, and reconciling bank statements at your clinical site. Ask your supervisor to check your work.

2. Compare the disbursement record at your clinical site with the one shown in this lesson. How do the components vary?

3. Discuss with your clinical supervisor who is authorized to sign checks at your clinical site. Are two signatures required?

4. You are an administrative medical assistant for Dr. Lee at Healthy Physicians. You have just received an invoice from Scott Pharmaceuticals. Your office owes them $219.50 for medications. Complete the check below.

HEALTHY PHYSICIANS **321**
200 MEDICAL LANE
ANYTOWN, MO 99999 ____________19______

Pay to
the order of ____ $ ________

____ Dollars

YOUR TRUST COMPANY
ONE BOND STREET
ANYTOWN, MO

For ____________________ ____________________________
081500862 403 484 8 0762

Unit Checklist

Student Name ______________________ Overall Unit Rating __________

Activity Sheet: Processing Insurance Claims Rating _____

Comments: ____

____

Activity Sheet: Managing Accounts Receivable Rating _____

Comments: ____

____

Skill Sheet: Process a Payment Made By Check Rating _____
Skill Sheet: Process Cash Payments Rating _____
Skill Sheet: Process Credit Card Payments Rating _____
Skill Sheet: Post Charges and Payments on a Client Account Rating _____
Skill Sheet: Process a Client Statement Rating _____
Skill Sheet: Make a Bank Deposit Rating _____

Activity Sheet: Managing Accounts Payable Rating _____

Comments: ____

____

Skill Sheet: Write a Check Rating _____
Skill Sheet: Record Payments in a Disbursement Record Rating _____
Skill Sheet: Maintain Petty Cash Records Rating _____
Skill Sheet: Reconcile Bank Statements Rating _____

Written Unit Evaluation Score _____

Additional Comments: ____

____

____

Teacher Signature ______________________ Date __________

Student Signature ______________________ Date __________

Written Unit Evaluation

Student Name ______________________________ Date ______________

Circle the letter that corresponds to the best answer.

1. Which of the following is NOT a characteristic of the professional administrative medical assistant?

   a. Dependable
   b. Ethical
   c. Resourceful
   d. Unenthusiastic

2. Which of the following is an effective public relations technique?

   a. Smiling, even though something is not going the way it should
   b. Frequently chatting with coworkers to make friends
   c. When necessary, being abrupt with clients to get the job done
   d. Using medical terminology, even when you are not sure what it means

3. The administrative medical assistant may work under the direct supervision of the:

   a. Nurse, nurse assistant, or therapist assistant.
   b. Nurse assistant, physician, or office manager.
   c. Office manager, physician, or nurse.
   d. Therapist assistant, nurse, or physician.

4. After successful completion of the administrative medical assistant course, the assistant will be qualified to apply for jobs in:

   a. Medical supply stores, dental supply stores, and medical offices.
   b. Pharmacies, medical offices, and uniform supply stores.
   c. Pharmacies, retail stores, and medical supply stores.
   d. Various hospital departments, medical offices, and diverse health care settings.

5. A specialist is a:

   a. Registered nurse with a special license.
   b. Physician who practices only in a hospital.
   c. Physician who concentrates study in a specific body system.
   d. Technician who specializes in radiologic equipment.

6. A registered nurse is a nurse who has:

   a. Completed a one-year course of study in a state-approved school of nursing and passed the accrediting exam.
   b. Completed a two, three, or four-year course of study at a state-approved school of nursing and passed the NCLEX examination.
   c. Graduated from an accredited medical school and passed the bar examination.
   d. Obtained a Ph.D. and a C.N.A. degree from an accredited university.

7. Which of the following are responsibilities of the administrative medical assistant?

   a. Answering telephones, completing insurance forms, and maintaining the reception area
   b. Answering the telephone, advising clients, and completing insurance forms
   c. Greeting clients, maintaining the reception area, and giving physical exams
   d. Prescribing medications, answering the telephone, and completing insurance forms

8. The assistant should dress:

   a. According to the office policy.
   b. Warmly; medical offices are often cool.
   c. Athletically; busy assistants are always on the go.
   d. Casually; the assistant should always be comfortable.

9. Illegal conduct __________ remain ethical.

   a. Can
   b. Cannot
   c. Will usually
   d. Will always

10. Which of the following characterizes an unethical decision?

   a. It enhances self-respect.
   b. It builds confidence.
   c. It embarrasses people.
   d. It maintains confidentiality.

11. The ____________________________________ sets standards of professional conduct for the administrative medical assistant.

   a. American Association of Medical Assistants Professional Standards
   b. American Association of Medical Assistants Behavioral Guidelines
   c. American Association of Medical Assistants Code of Ethics
   d. American Association of Medical Assistants Code of Conduct

12. The assistant should __________ maintain patient confidentiality.

    a. Always
    b. Never
    c. Sometimes
    d. Usually

13. ________________ is consent given by the client by virtue of the client seeking treatment from the physician through simple, non-complex procedures.

    a. Implied consent
    b. Informed consent
    c. Involved consent
    d. Inactive consent

14. A physician's license may be revoked under the following circumstances, EXCEPT:

    a. Conviction of a crime.
    b. Narcotics abuse.
    c. Occasional tardiness.
    d. Unprofessional conduct.

15. Which of the following treatments requires a signed consent form?

    a. EKG
    b. Urine sample
    c. Pap smear
    d. Surgery

Match the following definitions in Column A with the ethical terms in Column B.

COLUMN A

____16. Professional misconduct, improper discharge of professional duties, or failure to meet the standard of care by a professional that results in harm to another

____17. When a physician who is caring for a client suddenly stops care or treatment

____18. The offense of injuring another person's reputation with false and malicious statements

____19. Permission given by the client after understanding the treatment, the risks involved, why it should be done, and the alternative treatments for more complex procedures

____20. Documents that allow the client to specify what treatment he or she does or does not want in critical situations

____21. Forms that give the physician permission to release information to insurance companies

COLUMN B

a. Permit forms

b. Advance directives

c. Defamation

d. Informed consent

e. Abandonment

f. Malpractice

Written Unit Evaluation

Student Name ________________________________ Date ______________

Circle the letter that corresponds to the best answer.

1. Which of the following is an appropriate telephone greeting in a medical office?

   a. "Hi! How can I help you?"
   b. "Good afternoon, Dr. Nolan's office. Hold please."
   c. "Assistant Susan Brown speaking, how can I help you?"
   d. "Good afternoon, Dr. Nolan's office. This is Susan. How may I help you?"

2. Ms. Wheeler, a client, calls and says that she has an unusually painful headache and asks Joe, the assistant, what he thinks is wrong. The assistant should:

   a. Call the hospital and tell them he has a woman with a headache on the phone.
   b. Tell the client that only the physician can make a diagnosis after an examination.
   c. Tell the client to rest and take two ibuprofin caplets or two aspirin.
   d. Tell the client to put a heating pad on her head and take aspirin.

3. Which is the proper technique for placing a telephone caller on hold?

   a. Inform the caller you are putting him or her on hold and approximately how long he or she may be holding.
   b. Interrupt the physician and inform him or her of the call as soon as possible, to avoid putting the caller on hold.
   c. Tell the caller that you are putting him or her on hold and not to call when the office is so busy.
   d. Tell the caller that he or she could be placed on hold anywhere from three minutes to one hour.

4. Which of the following items are necessary to record when taking a telephone message?

   a. Time, name of the caller, and the location of the telephone
   b. Time, name of the caller, and name of the person who is to receive the message
   c. Time, date, and the name of the person who witnessed the assistant taking the message
   d. Name of the caller, name of the person who is to receive the message, and the caller's social security number

5. When handling difficult situations with clients, the assistant should:

   a. Argue his or her point.
   b. Make excuses.
   c. Minimize the problem.
   d. Resolve the problem positively.

6. When a particular situation cannot be resolved by the assistant, he or she should:

   a. Interrupt the physician immediately.
   b. Refer the client to another physician.
   c. Inform his or her supervisor of the situation.
   d. Tell the client that the problem will never be resolved.

7. When the assistant receives an emergency call, he or she should:

   a. Tell the caller to call 9-1-1.
   b. Tell the caller to go to the emergency room.
   c. Follow the office policy for handling emergency calls.
   d. Place the caller on hold, and ask the receptionist what to do next.

8. When placing a business call to a client's home, the assistant should:

   a. Ask to speak to a specific person, by title and last name.
   b. Hang up if the client does not answer after three rings.
   c. Leave a confidential message on the answering machine.
   d. Explain the entire situation to the first person who answers the phone.

9. Which of the following is an effective nonverbal communication skill to use in the medical office?

   a. Tap your feet.
   b. Say "thank you."
   c. Fold your hands.
   d. Make eye contact.

10. If a client is not receptive to your friendly greeting, it is most likely that:

   a. He or she is not feeling well.
   b. He or she does not want your help.
   c. You were not being friendly enough.
   d. He or she should see the physician immediately.

11. Which of the following is an appropriate greeting in a medical office?

   a. "Hi. Please take a seat. The doctor will be with you after he tests Mrs. Jones for venereal disease."
   b. "Hi. I am the administrative medical assistant. Please take a seat and wait for the doctor."
   c. "Hello, Mrs. Lee. I see that you are here for your 1 o'clock appointment. Please take a seat and the doctor will be with you in about ten minutes."
   d. "Hello, Mrs. Lee. I see that you are here for your 1 o'clock appointment. We are very busy; I have no idea when the doctor will be able to see you."

12. When the assistant is straightening the reception area and a client walks in, the assistant should:

a. Ask the physician to help the client.
b. Ask the client to come back at a more convenient time.
c. Stop straightening the reception area and help the client.
d. Finish straightening the reception area, then help the client.

13. Which of the following is the most effective technique to use when communicating with young children (0 to 6 years old) in the medical office?

a. Give the client a lot of candy and toys.
b. Allow the client to explore the environment.
c. Discourage the client from exploring the environment.
d. Punish the client for being fearful; there is no need to be afraid.

14. Which of the following is the most effective technique to use when communicating with adolescent children (13 to 21 years old) in the medical office?

a. Give advice on school, relationships, and hobbies.
b. Show disapproval in the client's actions and beliefs.
c. Give privacy and do not impose values or judgements.
d. Discourage the client from exploring the environment.

15. Which of the following are the most effective techniques to use when communicating with geriatric or hearing impaired clients?

a. Speak slowly and clearly, reduce background noise, and check his or her hearing aid.
b. Speak slowly and clearly, reduce background noise, and ask the physician to use sign language.
c. Speak sternly to the client, check his or her hearing aid, and show patience.
d. Turn the client around by the shoulders to face you, speak closely in the client's face, and reduce background noise.

16. Which of the following are the most effective techniques to use when communicating with clients with visual impairments?

a. Escort the client into the examination room, tell the physician that the blind client is waiting to be seen, leave the examination room door open.
b. Escort the client into the examination room, announce to the office staff that a blind person is in the area, and announce oneself when entering the examination room.
c. Escort client into the examination room, announce oneself when entering the examination room, inform the client when exiting the examination room.
d. Use a wheelchair to escort the client into the examination room, tell the physician that the blind client is waiting to be seen, announce to the office staff that a blind person is in the area.

17. When communicating with a client with any kind of impairment, the assistant should:

    a. Try to be helpful.
    b. Express sympathy.
    c. Notify the physician.
    d. Draw attention to the client.

18. When communicating with the physician and staff, the assistant should be ________________________ at all times.

    a. Comical
    b. Somber
    c. Demanding
    d. Respectful

Written Unit Evaluation

Student Name ______________________________________ Date ______________

Circle the letter that corresponds to the best answer.

1. What is the Occupational Safety and Health Administration (OSHA) and what is its purpose?

   a. A state agency responsible for the research and development of American pharmaceuticals
   b. A federal agency responsible for monitoring the health and safety of employees in America's workplaces
   c. A federal agency responsible for monitoring the distribution of controlled substances through legal channels
   d. A federal agency responsible for monitoring the safety and health of all Americans in the workplace, at home, and when traveling

2. Which of the following OSHA standards affect the administrative medical assistant?

   a. Controlled Substances Standard and Dangerous Drugs Standard
   b. Controlled Substances Standard and Safe Environment Standard
   c. Hazard Communication Standard and Bloodborne Pathogens Standard
   d. Hazard Communication Standard and Blood or Other Infectious Materials Standard

3. The ________________________ Standard has an impact on employees who are exposed to Blood or Other Potentially Infectious Materials.

   a. Bloodborne Pathogens
   b. Bloodborne Complications
   c. Controlled Substances
   d. Safety Infection Control

4. A form that provides specific information regarding the presence of hazardous chemicals in a product is a:

   a. Hazardous Chemicals Sheet.
   b. Hazardous Chemicals Listing.
   c. Material Contents Warning Sheet.
   d. Material Safety Data Sheet.

5. The Bloodborne Pathogens Standard requires that the __________________ vaccination series be offered to all occupationally exposed employees within ten working days of the date the employee begins his or her job.

   a. Influenza
   b. HIV
   c. Hepatitis
   d. Herpes

6. An approach to infection control that is defined as treating all human blood and certain body fluids as if known to be infectious for HIV, HBV, and other bloodborne pathogens is known as:

   a. Body Substance Precautions.
   b. International Precautions.
   c. Safety Precautions.
   d. Universal Precautions.

7. An approach to infection control that treats ALL body fluids as potentially contagious, regardless of a diagnosis is known as:

   a. Universal Precautions.
   b. International Precautions.
   c. Contagious Disease Precautions.
   d. Body Substance Precautions.

8. In which of the following instances should the assistant use Body Substance Precautions?

   a. Handling all human specimens, handling sharps, and handling soiled linens
   b. Handling all human specimens, typing ledger cards, and greeting the client
   c. Handling all human specimens, handling sharps, and maintaining office machines
   d. Handling all human specimens, straightening the exam room, and greeting the client

9. In situations when it is difficult to determine whether or not blood or other body fluids are present, the assistant should:

   a. Use the safety technique.
   b. Use the isolation technique.
   c. Use Body Substance Precautions.
   d. Use no techniques or precautions.

10. Which of the following BEST describes Body Substance Precautions?

   a. Increased use of gloves, frequent and meticulous hand washing, and the use of protective wear when necessary
   b. Increased use of gloves, use of antibacterial hand lotion, and the use of protective wear when necessary
   c. Increased use of gloves, frequent and meticulous hand washing, and increased vitamin intake
   d. Increased use of gloves, hair washing three times a day, and increased vitamin intake

11. Which of the following describes a medical emergency?

    a. A situation in which an individual has a life-threatening or extremely serious illness or injury
    b. A situation in which an individual needs to consult with a physician about gradual weight gain
    c. A situation in which an individual has made an appointment with the physician five days in advance for a physical examination
    d. A situation in which an individual thinks he or she may need to see a physician for a recurring soreness in his or her knee

12. In the occurrence of a medical emergency, the assistant should:

    a. Refer the individual to another physician.
    b. Give a quick diagnosis; there is no time to spare.
    c. Get the help of the receptionist as soon as possible.
    d. Follow the office procedure for handling medical emergencies.

13. Emergencies of the ____________________ include hemorrhages and heart attack.

    a. Skeletal system
    b. Circulatory system
    c. Neurological system
    d. Dermatology system

14. In an emergency situation where an individual is unconscious, the assistant can help the physician by:

    a. Asking the individual about his or her illness.
    b. Asking another assistant what he or she thinks is wrong.
    c. Checking the contents of the individual's wallet.
    d. Checking for the Universal Emergency Identification Bracelet.

15. A __________________ contains drawers with items such as medications, airways, needles, syringes, and a back board for performing CPR.

    a. Crash cart
    b. Crisis cart
    c. Fiasco cart
    d. Life cart

16. The assistant should always know where emergency equipment is located so that:

    a. The individual can treat himself or herself quickly.
    b. The medical office does not receive a penalty from the local hospital.
    c. No time is wasted looking for equipment when the physician is treating the individual.
    d. No time is wasted looking for equipment when the receptionist and the assistant are ready to treat the individual.

17. In the case of a fire, the assistant should always know the location of:

    a. The kitchen and office supply closet.
    b. The fire extinguishers and water bottle.
    c. The hose and clothing for fighting the fire.
    d. The fire extinguishers and fire alarms.

Written Unit Evaluation

Student Name ______________________________ Date ____________

Circle the letter that corresponds to the best answer.

1. Which of the following are the most common methods for filing medical records in the medical office?

   a. Alphabetical filing and subject filing
   b. Alphabetical filing and numerical filing
   c. Numerical filing and subject filing
   d. Numerical filing and chronological filing

2. When filing alphabetically, which of the following client records would be filed FIRST?

   a. Robert Dillon
   b. R. James Dillon
   c. Steven K. Duncan
   d. Steven Dillinger

3. When filing alphabetically, which of the following client records would be filed LAST?

   a. E.A. Harper-Lee
   b. Emily Ann Harper
   c. Emily Harper-Lee
   d. Ellen Marie Harper

4. When filing alphabetically, which of the following business records would be filed FIRST?

   a. O'Toole's Packaging
   b. O'Leary's Catering
   c. Ogden Uniform Store
   d. Oliver-Robb Copier Repair

5. When filing alphabetically, which of the following business records would be filed LAST?

   a. McDonald's Pharmacy
   b. MacDonald's Pharmacy
   c. Metzler Surgical Supplies
   d. McCloskey Linen Service

6. When filing numerically by terminal digits, which of the following files would be filed FIRST?

   a. 02-12-30
   b. 03-15-30
   c. 03-14-30
   d. 04-13-30

7. When filing numerically by terminal digits, which of the following files would be filed LAST?

   a. 01-16-20
   b. 06-13-20
   c. 05-17-20
   d. 06-17-20

8. ______________________ is often used in numerical or alphabetical filing to quickly determine the designated drawer, subject matter, or client.

   a. Alpha-coding
   b. Anonymous coding
   c. Care-coding
   d. Color-coding

9. Which of the following factors should the administrative medical assistant consider when scheduling an appointment?

   a. The needs of the client, the client's place of employment, and the scheduling preferences of the physician
   b. The needs of the client, the availability of parking spaces, and the availability of medical equipment and facilities
   c. The needs of the client, the scheduling preferences of the physician, and the availability of medical equipment and facilities
   d. The needs of the client, the scheduling preferences of the assistant, and the scheduling preferences of the receptionist

10. A __________________ is a block of time in an appointment book that is diagonally crossed out to indicate time that is unavailable for a physician to examine a client.

    a. Mark
    b. Matrix
    c. Block-off
    d. Cross-out

11. When canceling an appointment, the assistant should:

    a. Tell the client that he or she should not cancel the appointment.
    b. Cross out the client's name with a single line and not schedule another appointment.
    c. Cross out the client's name with a single line and wait for the client to call back to reschedule.
    d. Erase the client's name in the appointment book or delete the client's name from the computer and open the time slot for another client.

12. When a client at your office requires the care of a specialist or needs to go to a certain facility, the administrative medical assistant may need to:

    a. Schedule an appointment for the client from a list of specialists and facilities that the physician provides.
    b. Schedule an appointment for the client by looking through the telephone book and finding a specialist or facility.
    c. Tell the client that he or she should ask friends and family to find a good specialist or facility.
    d. Try to diagnose the client's condition, especially if you think you may know what the problem may be.

13. Which of the following are potential safety hazards in the medical office reception area?

    a. Damaged furniture, frayed electric cords, and curled carpets or rugs
    b. Damaged furniture, frayed electric cords, and the schedule book
    c. Damaged furniture, illegally parked cars, and the schedule book
    d. Illegally parked cars, magazines on the floor, and frayed electric cords

14. The administrative medical assistant can maintain a comfortable environment for the client by:

    a. Asking personal questions about the client's illness, ensuring adequate seating, and adjusting the thermostat to a comfortable temperature.
    b. Ensuring adequate seating, reading magazine articles to clients, and ensuring adequate lighting.
    c. Ensuring adequate lighting, ensuring adequate seating, and adjusting the thermostat to a comfortable temperature.
    d. Watching the clients' children, ensuring adequate lighting, and adjusting the thermostat to a comfortable temperature.

15. If the physician examines children and there are toys in the medical office, the toys should be located:

    a. In the physician's locked office, to avoid a potential safety hazard.
    b. In a corner of the reception area where there is not much traffic, to avoid a potential safety hazard.
    c. Over the entire reception area floor, so that waiting children always have something to occupy themselves.
    d. Over the floor of the entire office, so that children always have something to occupy themselves.

16. Which of the following components should the assistant include when taking inventory and restocking supplies with either the manual or computer method?

    a. The name of the item, the identification number, the quantity ordered, and the date when the order was placed
    b. The name of the item, the identification number, and various uses for the supply
    c. The identification number, the name of the person who last used the supply, and the quantity ordered
    d. The identification number, the name of the item, and the name of the person who last used the supply

17. A ____________________ is a problem with a copier or fax machine that the assistant should learn how to fix.

    a. Broken paper feeder
    b. Defective toner cartridge
    c. Paper clip jammed in the machine
    d. Visible paper jam

18. The assistant can extend the life of an office machine by:

    a. Being aware of maintenance schedules, checking the machines for problems as scheduled, and dusting the machines regularly.
    b. Being aware of maintenance schedules, checking the machine for problems as scheduled, and telling the client when there are problems.
    c. Asking the receptionist to be aware of the maintenance schedules and telling the receptionist to dust the machines as needed.
    d. Asking the physician to maintain and repair the machines as needed or whenever there are problems.

19. Which of the following types of written communication are common in the medical office?

    a. Essays
    b. Personal letters
    c. Unstructured business letters
    d. Block style business letters

20. ______________________ are letters often used to fulfill the physician's legal obligation, such as providing information to clients about a medical stay or notifying clients of the office policy for missed appointments.

    a. Legal letters
    b. Form letters
    c. Medical letters
    d. Physician's letters

21. _________________________ are used for business correspondence to the client when form letters may not be appropriate.

    a. Block style business letters
    b. Billing statements
    c. Interoffice memos
    d. Physician's letters

22. An interoffice memo is:

    a. A business letter sent to other physicians and hospitals.
    b. A business letter sent to office supply vendors and office machine repair persons.
    c. Correspondence sent by offices, clinics, and hospitals to notify clients of past due bills.
    d. Correspondence sent by offices, clinics, and hospitals to facilitate exchanges of ideas and communicate messages or instructions among the staff.

23. When requesting a vacation day, the assistant should provide his or her supervisor with a(n):

    a. Anonymous note.
    b. Block style letter.
    c. Handwritten note.
    d. Interoffice memo.

24. Which of the following best describes the categories into which mail is sorted?

    a. Packages, medications, magazines, and letters
    b. Packages, letters, bills, lab reports, and payments
    c. First class mail, second class mail, third class mail, and bills
    d. First class mail, second class mail, third class mail, fourth class mail, and electronic mail or faxes

25. Outdated newspapers or magazines in the reception area should be:

    a. Read.
    b. Discarded.
    c. Filed in a special drawer.
    d. Sent back to the publisher.

26. Older editions of catalogs or journals should be:

    a. Discarded or filed, depending upon the preference of the physician.
    b. Discarded or burned, depending upon the preference of the physician.
    c. Sent back or given to charity, depending upon the preference of the physician.
    d. Given to other physicians or to charity, depending upon the preference of the physician.

27. After typing communication for the physician, when should the assistant give the finished product to the physician?

    a. Before it is proofread for spelling errors, content accuracy, and correct punctuation
    b. While it is being proofread for spelling errors, content accuracy, correct punctuation, and spacing
    c. Soon after it is proofread for spelling errors, content accuracy, correct punctuation, and spacing
    d. One week after it has been proofread for spelling errors, content accuracy, correct punctuation, and spacing

Written Unit Evaluation

Student Name ______________________________ Date ______________

Circle the letter that corresponds to the best answer.

1. The medical record is a:

   a. Chart with documentation of the client's health that only the physician and assistant are allowed to see.
   b. Permanent legal document that contains written facts recorded by the physician when caring for a client.
   c. Chart with documentation of the client's health that should be discarded immediately after the physician discontinues caring for the client.
   d. Legal document that is frequently checked for accuracy by the Occupational Safety and Health Administration (OSHA).

2. Which of the following are components of the medical record?

   a. Registration form, medical history form, physical examination form, progress notes, and lab reports
   b. Registration form, medical history form, client's bills, progress notes, and registration form
   c. Interoffice memorandums, medical history form, registration form, lab reports, and physical examination form
   d. Client's medical bills, registration form, medical history form, client's credit history, lab reports, and physical examination form

3. The ______________________ is a general information form that includes basic information about the client such as name, address, and social security number.

   a. Encounter form
   b. Medical history form
   c. Registration form
   d. Release form

4. A statement on the medical history form that explains why the client has come to see the physician is called the ______________________.

   a. Main worry
   b. Problem statement
   c. Client's diagnosis
   d. Chief complaint

5. The medical history form should include ________________, which describes major illnesses that blood relatives may currently have or had in the past.

   a. Family history
   b. Family problems
   c. Blood-related diseases
   d. Blood-related problems

6. The physical examination form is a form used to:

   a. Record the client's medical history.
   b. Record the client's employment history.
   c. Record the client's name and address.
   d. Record the client's current health.

7. When weighing clients, the long lines on the scale indicate:

   a. One-eighth pound.
   b. One-fourth pound.
   c. One-half pound.
   d. One pound.

8. A 143-pound woman weighs _______________ kilograms. (Show your work.)

   a. 65
   b. 68
   c. 314.6
   d. 421.3

9. A 24-kilogram child weighs _______________ pounds. (Show your work.)

   a. 10.9
   b. 11
   c. 48
   d. 52.8

10. The forms in which the physician states the current health of the client and the plans for treatment are known as the:

    a. Ledger cards.
    b. Status notes.
    c. Progress notes.
    d. Registration forms.

11. Which of the following are two of the most common letter formats used in transcription?

    a. Personal format and tabbed format
    b. Simplified block format and modified block format
    c. Freestyle format and complex block format
    d. Freestyle format and fixed margin format

12. To play a tape in a dictation-transcription machine, the assistant should:

    a. Press the forward pedal.
    b. Press the reverse pedal.
    c. Press both pedals at the same time.
    d. Ask the physician to play the tape.

13. After the assistant transcribes dictation, the assistant should:

    a. Save the dictation on tape in case questions arise.
    b. Discard the tape immediately; tapes should never be reused.
    c. Erase the tape immediately so the tape is available for reuse.
    d. Erase the tape immediately so that mistakes cannot be detected.

14. How can the assistant ensure the accuracy of medical terminology when transcribing dictation?

    a. Use the spell checker on the computer.
    b. Ask coworkers to explain the correct terminology.
    c. Use medical references and consult with the physician.
    d. Call hospitals to find out how certain terms can be used.

15. The ____________________ is responsible for proper use of grammar and punctuation when performing medical transcription.

    a. Physician
    b. Nurse
    c. Receptionist
    d. Administrative medical assistant

Lesson 1: Introduction to Medical Records Management

Skill Sheet

MEASURE WEIGHT AND HEIGHT

Student Name____ Date____________________

EQUIPMENT:

1. Scale
2. Clipboard/Pen
3. Physical examination form
4. Calculator

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Wash your hands.		
2. Set up necessary equipment.		
3. Balance scale by moving the weight to zero.		
4. Greet client. Identify self.		
5. Explain what you are going to do.		
6. Escort client to scale. Provide privacy if the client is wearing a gown.		
7. Place a paper towel on the platform.		
8. Raise the measuring rod.		
9. Ask the client to remove shoes and heavy clothing; provide assistance if necessary.		
10. Assist the client to stand on platform. Ask client to stand with arms at sides.		
11. Read the weight. Note: If using a balance scale, move the weight until the pointer swings evenly between the bottom and the top of the metal square.		
12. Record the weight.		

13. Ask the client to stand erect, with his or her back to the measuring rod.		
14. Lower the measuring rod until it rests on the client's head.		
15. Read the height and record it. Raise the measuring rod.		
16. Assist the client off the platform.		
17. Discard paper towel.		
18. Zero the scale and lower the measuring rod.		
19. Wash hands.		

The student has satisfactorily completed the procedure "MEASURE WEIGHT AND HEIGHT" according to the steps outlined.

Instructor's/Approved Clinical Supervisor's Signature
(Verifying Satisfactory Completion)

Date

Lesson 2: Medical Transcription

Skill Sheet

OPERATE A TRANSCRIPTION MACHINE

Student Name____________________________________ Date__________________________

EQUIPMENT:

1. Transcription machine
2. Computer or typewriter
3. Paper
4. Dictation tape

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Turn on the transcription machine.		
2. Check to be sure the headset and foot controls are properly attached to the machine.		
3. Select the tape to be transcribed.		
4. Adjust the headset with earphones.		
5. Insert the tape into the machine.		
6. Press pedal or play tab to listen to the dictation. Rewind the tape if necessary.		
7. Listen to the physician's instructions.		
8. Adjust the volume, tone, and speed controls for the clearest reception.		
9. Set the typewriter or computer margin and tab stops.		
10. Insert paper into the typewriter or bring up a blank screen on the computer.		
11. Alternately press and release the foot pedal to listen and transcribe the recorded message.		
12. Save the dictation on tape until the physician reads the report or the letter in case questions arise.		

13. Erase the tape after the report has been approved or the letter has been signed.		
14. Turn off the machine and place the headset and other accessory items in the appropriate place.		

The student has satisfactorily completed the procedure "OPERATE A TRANSCRIPTION MACHINE" according to the steps outlined.

Instructor's/Approved Clinical Supervisor's Signature (Verifying Satisfactory Completion) ____________________ Date ____________

Written Unit Evaluation

Student Name ______________________________ Date ______________

Circle the letter that corresponds to the best answer.

1. A ____________________ is a private health care system that provides a defined, comprehensive set of health services to a voluntarily enrolled population within a specified geographic area.

   a. Medicare Health Plan
   b. Medicaid Health Plan
   c. Preferred Provider Organization (PPO)
   d. Health Maintenance Organization (HMO)

2. Which federally administered program provides hospital and medical insurance protection to persons age 65 and older?

   a. Medicare
   b. Medicaid
   c. Elderly care
   d. Elderly insurance

3. In a ________________ plan, clients have some freedom and flexibility in choosing providers.

   a. Life Insurance
   b. Worker's Compensation
   c. Preferred Provider Organization (PPO)
   d. Health Maintenance Organization (HMO)

4. *Current Procedural Terminology (CPT)* codes are used to:

   a. Code diagnoses.
   b. Provide fees for various procedures.
   c. Refer clients to local specialists.
   d. Provide accurate descriptions of services rendered.

5. *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* codes are used to:

   a. Code diagnoses.
   b. Provide fees for various procedures.
   c. Refer clients to local specialists.
   d. Provide accurate descriptions of services rendered.

6. When an insurance check is to go directly to the physician, the client is asked to sign an agreement. This is called a(n):

   a. Assignment of benefits.
   b. Insurance agreement.
   c. Payment agreement.
   d. Transferring of funds.

7. All components of a claim form ____________________ be completed.

   a. Must never
   b. Must always
   c. Should sometimes
   d. Should frequently

8. An insurance claims follow-up log is used to:

   a. Keep track of the daily business.
   b. Keep track of accounts payable.
   c. Keep track of the policies of every insurance company.
   d. Keep track of claims sent to the insurance companies.

9. Which of the following are components of a day sheet?

   a. Date, client's name, diagnosis, and current balance
   b. Date, client's name, employer's name, and current balance
   c. Date, client's name, description of the transaction, and current balance
   d. Date, client's name, description of the transaction, and ICD-9-CM code

10. Which of the following are components of a ledger card?

    a. Client's name, charges, payments, insurance information
    b. Client's name, charges, payments, adjustments, diagnosis
    c. Client's name, ICD-9-CM codes, CPT codes, insurance information
    d. Client's name, progress notes, lab reports, insurance information

11. What is the FIRST step in processing a payment made by check?

    a. Endorse the check.
    b. Give the client a transaction slip.
    c. Record the payment on the day sheet.
    d. Make sure the check has the correct date, amount, and signature.

12. The charge for an office visit is $73.50 and the client pays the assistant $80.00 in cash. How much change should the client receive? (Show your work.)

    a. $6.00
    b. $6.50
    c. $7.50
    d. $8.50

13. What are the FIRST steps in processing credit card payments?

    a. Check the expiration date of the card, place the card on the printer, and place a charge slip over the credit card.
    b. Check the expiration date of the card, record the payment on the day sheet, and ask the client to sign the slip.
    c. Check the expiration date of the card, record the payment on the day sheet, endorse the credit card, and give the customer a transaction slip.
    d. Check the expiration date, record the payment on the day sheet, give the change to the client, and give the client a transaction slip.

14. ________________ is the process of transferring information from one record to another.

    a. Recording
    b. Posting
    c. Moving
    d. Converting

15. In ________________, accounts are grouped according to a number of billing dates.

    a. Combined billing
    b. Circular billing
    c. Cycle billing
    d. Phase billing

16. The last line on a client statement should show the:

    a. Tax.
    b. Balance due.
    c. Fee for a service.
    d. Last cash payment.

17. The FIRST step in making a bank deposit is to:

    a. Endorse all the checks.
    b. Record the total on the deposit slip.
    c. Stack the bills in order from smallest to largest denomination.
    d. Separate the currency from the checks to be deposited.

18. The LAST step in writing a check is to:

    a. Enter the date on the check.
    b. Fill out the check register.
    c. Count and give the client the change.
    d. Have the check signed by a physician or an authorized individual.

19. A petty cash fund is:

    a. A small cash fund used to give change to the client.
    b. A small cash fund used to pay for minor office expenses.
    c. A small cash fund used to pay for all office and clinical supplies.
    d. A fund that employees can use for whatever they want or need.

20. Each time cash is taken from the petty cash fund, a(n) ____________________ should be completed.

    a. Petty cash voucher
    b. Cash drawer voucher
    c. Disbursement record entry
    d. "I owe you" note to the physician

21. Reconciling a bank statement means to:

    a. Check the petty cash funds to make sure no cash is missing.
    b. Check a client's account to make sure that the balance it not past due.
    c. Check the accuracy of bank records against the records of the account holder.
    d. Compare the accounts of the medical office with accounts from other medical offices.

Match the following definitions in Column A with the insurance and finance terms in Column B.

COLUMN A

____ 22. A register of monthly and yearly business expenditures

____ 23. A chronological record of the financial transactions for the account of an individual or family

____ 24. A request for payment under an insurance contract

____ 25. A charge on a client account

____ 26. Money owed by the medical office

____ 27. Accounts with a balance due to the medical office

COLUMN B

a. Claim

b. Accounts receivable

c. Accounts payable

d. Disbursement record

e. Debit

f. Ledger card

Lesson 2: Managing Accounts Receivable

Skill Sheet

PROCESS A PAYMENT MADE BY CHECK

Student Name ______________________________ Date ____________________

EQUIPMENT:

1. Check
2. "For Deposit Only" Stamp
3. Day sheet
4. Transaction slip

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Make sure the check has the correct date, amount, and a signature.		
2. Endorse the check. Stamp or write "For Deposit Only" on the back of the check.		
3. Place the money in the drawer in the area designated for checks.		
4. Close the cash drawer.		
5. Record the payment on the day sheet.		
6. Give the client a transaction slip.		

The student has satisfactorily completed the procedure "PROCESS A PAYMENT MADE BY CHECK" according to the steps outlined.

______________________________________ ______________

Instructor's/Approved Clinical Supervisor's Signature Date
(Verifying Satisfactory Completion)

Lesson 2: Managing Accounts Receivable

Skill Sheet

PROCESS CASH PAYMENTS

Student Name ______________________________ Date ______________

EQUIPMENT:

1. Cash/change
2. Day sheet
3. Cash register/drawer
4. Receipt or transaction slip

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Record the payment on the day sheet.		
2. Subtract the amount of credit from the amount of cash the client has given to determine the correct change.		
3. Open the cash drawer and count the change.		
4. Give the change to the client.		
5. Place the money received in the cash drawer.		
6. Close the cash drawer.		
7. Give the client a receipt for the transaction.		

The student has satisfactorily completed the procedure "PROCESS CASH PAYMENTS" according to the steps outlined.

______________________________ ______________

Instructor's/Approved Clinical Supervisor's Signature Date
(Verifying Satisfactory Completion)

Lesson 2: Managing Accounts Receivable

Skill Sheet

PROCESS CREDIT CARD PAYMENTS

Student Name ____ Date ______________

EQUIPMENT:

1. Credit card
2. Day sheet
3. Imprinter
4. Cash drawer
5. Charge/transaction slip

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Check the expiration date on the card.		
2. Place the card on the imprinter.		
3. Place a charge slip over the credit card		
4. Imprint the slip.		
5. Record the payment on the day sheet.		
6. Ask the client to sign the slip.		
7. Compare the signature on the form to the signature on the card,		
8. Give the customer copy of the slip to the client.		
9. Place the remaining slips in the cash drawer.		

The student has satisfactorily completed the procedure "PROCESS CREDIT CARD PAYMENTS" according to the steps outlined.

____ ______________

Instructor's/Approved Clinical Supervisor's Signature Date
(Verifying Satisfactory Completion)

Lesson 2: Managing Accounts Receivable

Skill Sheet

POST CHARGES AND PAYMENTS ON A CLIENT ACCOUNT

Student Name ______________________ Date __________

1. Ledger card
2. Calculator

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Pull the client's ledger card.		
2. Record the date, a description of the service provided, the amount charged, or the amount of payment.		
3. Add debit to the balance or subtract credit from the balance.		
4. Write the new balance in the balance column.		

The student has satisfactorily completed the procedure "POST CHARGES AND PAYMENTS ON A CLIENT ACCOUNT" according to the steps outlined.

______________________ ______________

Instructor's/Approved Clinical Supervisor's Signature (Verifying Satisfactory Completion) Date

Lesson 2: Managing Accounts Receivable

Skill Sheet

PROCESS A CLIENT STATEMENT

Student Name ________________________________ Date ______________

EQUIPMENT:

1. Ledger cards
2. Statement forms
3. Typewriter
4. Date stamp
5. Envelope moistener
6. Window envelopes

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Stack all ledger cards beside the typewriter or the open client statement in the computer.		
2. Assemble statement forms and window envelopes.		
3. Type the client's name and address on a statement form in an area that will show in the window.		
4. Stamp the ledger card on the line below the last entry with a date stamp to record when the statement was sent.		
5. Carry over any balance from the previous month and list it under "Services."		
6. Type each service charge and payment for the current month. The last line should show the balance due.		
7. Print out client statement if using a computer. Fold the statement so the address will show in the envelope window.		
8. Stuff the envelopes.		
9. Moisten flaps with envelope moistener. Do not put too much moisture on the flaps.		
10. Fold the flaps down and seal for mailing.		

The student has satisfactorily completed the procedure "PROCESS A CLIENT STATEMENT" according to the steps outlined.

________________________________ ______________

Instructor's/Approved Clinical Supervisor's Signature (Verifying Satisfactory Completion)

Date

Lesson 2: Managing Accounts Receivable

Skill Sheet

MAKE A BANK DEPOSIT

Student Name ______________________________ Date ______________

EQUIPMENT:

1. Currency/Checks
2. Coin wrappers
3. Deposit slip
4. Checkbook
5. Envelope or zippered bag

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Separate the currency from the checks to be deposited.		
2. Sort the currency so that the bills of the same denomination are together and are placed face up in the same direction.		
3. Stack the bills with the largest denomination on top and the smallest on the bottom or vice versa.		
4. Count and place the coins in wrapper, if necessary.		
5. Record the total for the currency on the deposit slip.		
6. Place checks in alphabetical order by the name of the client account.		
7. List checks by number, the name of the check writer, and the amount of the check. Special kinds of checks, such as money orders, should be listed after the standard checks		
8. Be sure all checks are endorsed.		
9. Total the amounts of currency and checks.		
10. Make a copy of the deposit slip for the office files.		
11. Enter the total of the deposit into the practice's checkbook.		
12. Place the deposit slip, currency, and checks in a large envelope or zippered bank bag.		
13. Take the money to the bank. Obtain a receipt of the deposit.		

Administrative Medical Assistant

The student has satisfactorily completed the procedure "MAKE A BANK DEPOSIT" according to the steps outlined.

Instructor's/Approved Clinical Supervisor's Signature
(Verifying Satisfactory Completion)

Date

Lesson 3: Managing Accounts Payable

Skill Sheet

WRITE A CHECK

Student Name ________________________________ Date ______________

EQUIPMENT:

1. Checkbook
2. Blue or black pen

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Using a blue or black ink pen, fill out the check stub or check register with the check number, date, name of payee, the purpose of the payment, and the amount of the check. Write in balance from the previous stub if necessary.		
2. Subtract the amount of the current check and write in the balance to be carried forward in the check register.		
3. Enter the date on the check.		
4. Enter the name of the payee on the line following "Pay to the Order of."		
5. Enter the amount of the check in figures.		
6. Write out the amount of the check in words.		
7. The check should be signed by the physician or another authorized individual.		

The student has satisfactorily completed the procedure "WRITE A CHECK" according to the steps outlined.

____ ______________

Instructor's/Approved Clinical Supervisor's Signature (Verifying Satisfactory Completion) Date

Lesson 3: Managing Accounts Payable

Skill Sheet

RECORD PAYMENTS IN A DISBURSEMENT RECORD

Student Name ____ Date ______________

EQUIPMENT:

1. Disbursement record
2. Check

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Enter the date the check was issued.		
2. Write the name of the payee.		
3. Write the check number.		
4. Enter the amount of the check.		
5. Enter the amount of the check a second time in the appropriate column for type of expense.		

The student has satisfactorily completed the procedure "RECORD PAYMENTS IN A DISBURSEMENT RECORD" according to the steps outlined.

______________________________ ______________

Instructor's/Approved Clinical Supervisor's Signature Date
(Verifying Satisfactory Completion)

Lesson 3: Managing Accounts Payable

Skill Sheet

MAINTAIN PETTY CASH RECORDS

Student Name ______________________________ Date ______________

EQUIPMENT:

1. Petty cash
2. Petty cash vouchers
3. Checkbook
4. Calculator

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Total the payments shown on the vouchers.		
2. Enter the total in the petty cash record book.		
3. Count the cash on hand.		
4. Add the total payments and the cash on hand and make sure the amount equals the original balance		
5. Prepare a check made out to "Petty Cash" equal to the amount of payments.		
6. Cash the check.		
7. Add the money to the fund.		

The student has satisfactorily completed the procedure "MAINTAIN PETTY CASH RECORDS" according to the steps outlined.

____

Instructor's/Approved Clinical Supervisor's Signature
(Verifying Satisfactory Completion)

____
Date

Lesson 3: Managing Accounts Payable

Skill Sheet

RECONCILE BANK STATEMENTS

Student Name ______________________________ Date ______________

EQUIPMENT:

1. Bank statements
2. Reconciliation worksheet
3. Canceled checks
4. Calculator

CHECK IF THE STUDENT DID THE FOLLOWING	YES	NO
1. Compare the opening balance on the statement with the closing balance on the last statement.		
2. List the ending balance figured by the bank in the appropriate space on the reconciliation worksheet.		
3. Place checks in numerical order.		
4. Compare the amounts of the check entries.		
5. Put a red check mark on each stub or check register entry that appears on the statement. Any stub or entry that has not been checked indicates an outstanding check.		
6. List and total all outstanding checks, and enter the total on the reconciliation form.		
7. Compare the amounts of the deposits shown on the statement with the amount shown on the stubs or register.		
8. List and total any deposits not shown on the statement.		
9. Add the deposits to the balance shown by the bank.		
10. Subtract the withdrawls from the balance.		
11. Enter the balance from the practice's record on the reconciliation form.		
12. Record any service charges or interest payment listed on the statement or stub register and on the reconciliation form.		
13. Subtract the service charges from and add the interest payment to the balance on the check stubs or register.		

14. Check the new balance listed in the practice's records against the adjusted balance from the bank statement. They should agree.		
15. If the balances do not agree, the assistant must check all the amounts listed and calculations made to the source of error.		

The student has satisfactorily completed the procedure "MAINTAIN PETTY CASH RECORDS" according to the steps outlined.

Instructor's/Approved Clinical Supervisor's Signature
(Verifying Satisfactory Completion)

Date

Certificate of Achievement

This is to certify that

____

Achieved the Competencies
as Acknowledged for
Administrative Medical Assistant
And is Therefore Recognized

This __________ Day of __________, 19 ____

____
Instructor

____
Administrator

Instructor Key

50-1145-K

esc
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ADMINISTRATIVE MEDICAL ASSISTANT

Instructional Materials Laboratory • University of Missouri, Columbia
Missouri Department of Elementary & Secondary Education

Notice: The information presented in this publication reflects current medical standards of care to the best of our knowledge. Of course, readers are advised to be aware of local protocols, the needs and circumstances of individual cases, and their responsibility to stay abreast of emerging knowledge and clinical procedures. The authors, editors, and publishers disclaim any responsibility for improper treatment resulting from the clinical procedures outlined in this publication, for misinterpretation of the information presented, and for any undetected inaccuracies within the text.

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Administrative Medical Assistant

Instructor Key

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Instructional Strategies

This *Administrative Medical Assistant* Instructor's Key is designed to be used with the *Administrative Medical Assistant* Student Manual. It provides answers to the activity sheets and unit evaluations. The content was developed with input from secondary and post-secondary administrative medical assistant and health occupations instructors and personnel form the Missouri Department of Elementary and Secondary Education and the Instructional Materials Laboratory at the University of Missouri-Columbia.

The self-instructional format provides health occupations education instructors the opportunity to address the needs of students whose health career interest is outside of the nursing field. Following completion of the Health Care Assistant Core Competencies, a student interested in pursuing a career in the administrative medical field can achieve specific administrative medical assistant competencies through this curriculum. Successful completion prepares the student for an entry-level position as an administrative medical assistant as well as a solid knowledge and skill base to continue education in a administrative medical career.

The *Administrative Medical Assistant* curriculum is primarily designed to be used independently by students who are in secondary health occupations programs or by individuals receiving on-the-job training in the medical office. Instructors should set up parameters for individualized instruction, oversee the knowledge component of instruction (including the Written Unit Evaluations), and identify a clinical site and a clinical supervisor. The clinical supervisor should be responsible for supervising the student while at the clinical site, providing skill training, and evaluating mastery of skills.

A textbook such as *The Administrative Medical Assistant* by Mary E. Kinn could be used to supplement learning. See the bibliography in the student manual for a complete list of references used in the development of this curriculum.

Since mastery of the information and skills will be evaluated using the Written Unit Evaluations (pink) and the Skill Sheets (pink), it is recommended that these pages be removed before the manual is given to the student. These pages are located together at the at the end of the manual.

An Administrative Medical Assistant Competency Record Sheet and a Administrative Medical Assistant Certificate of Achievement have also been included at the end of this manual. These could be removed and filed with the evaluation instruments.

The student manual is divided into six units: Introduction to Administrative Medical Assisting, Communication Skills, Safety, Office Management Techniques, The Medical Record, and Insurance and Finance. Units are further divided into lessons, which contain lesson objectives, key terms, content information, illustrations, and activity sheets as appropriate for the content. Activity Sheets are designed to assist the student in mastering the information in each lesson. They also contain clinical/laboratory activities. Instructors should review or discuss these activities with students. The Activity Sheets may or may not be graded depending upon individual student needs and the instructor's preference.

Each unit has a written evaluation that should be administered after all lessons in the unit are studied. A score of at least 80 percent is necessary to proceed to the next unit. Skill Sheets provide a record for mastery of the steps of procedure for each skill. The student should practice the skills outlined in the lessons before requesting evaluation of the skills. When evaluating mastery of the skills, the clinical supervisor can determine that mastery is obtained when he or she feels confident in the student's ability to perform the skill without direct supervision.

A Unit Checklist, located at the end of each unit, provides a method for keeping track of Activity Sheets, Skill Sheets, and Written Unit Evaluations to be completed in this unit.

In addition to being utilized in the secondary health occupations program to prepare administrative medical assistants, the *Administrative Medical Assistant* curriculum could be used in medical offices to train students or new staff members.

Answers to Activity Sheets and Written Unit Evaluations

NOTE: Answers are not provided for Clinical/Laboratory Activities. Review or discuss these activities with students.

Unit I: Introduction to Administrative Medical Assisting

Lesson 1: The Professional Administrative Medical Assistant - Activity Sheet

1. The answer should include at least four of the following professional characteristics:
   a. Dependable
   b. Empathetic
   c. Enthusiastic
   d. Motivated
   e. Tactful
   f. Ethical
   g. Resourceful

2. The answer should include at least two of the following professional appearance characteristics:
   a. Conservative makeup
   b. Conservative hairstyle
   c. Professional attire
   d. Good personal hygiene

3. The answer should include at least two of the following public relations techniques used in the medical office:
   a. Be friendly
   b. Be empathetic
   c. Be attentive
   d. Smile, even when things are not going the way they should
   e. Use professional medical language

4. The answer should include at least five of the following responsibilities:
   a. Greeting clients
   b. Answering the telephone
   c. Scheduling appointments
   d. Composing business letters
   e. Completing insurance forms
   f. Filing
   g. Record keeping
   h. Managing office finances
   I. Maintaining the reception area
   j. Documenting the client's height and weight
   k. Handling client specimens
   l. Ordering office supplies
   m. Conducting inventory

   n. Maintaining office machines
   o. Medical transcribing

5. Medical assistants who achieve both clinical and administrative competencies can become certified. The American Registry of Medical Assistants grants the RMA to those who have completed one year of service, have completed an approved course, and have submitted a letter of recommendation from an employer. The American Medical Technologists grants the RMA to those who have five years of experience and completed an approved course.

6. The administrative medical assistant may work in a physician's office, veterinary office, various hospital departments, hospitals, or public health agencies.

7. c
8. d
9. b
10. a
11. e

Lesson 2: Ethical and Legal Issues for the Administrative Medical Assistant - Activity Sheet

1. f
2. e
3. c
4. d
5. b
6. a

7. a. Render service with full respect for the dignity of humanity.
   b. Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information.
   c. Uphold the honor and high principles of the profession and accept its disciplines.
   d. Seek to continually improve the knowledge and skills of the medical assistant for the benefit of clients and professional colleagues.
   e. Participate in additional service activities directed toward improving the health and well-being of the community.

8. a. Consent forms are needed before surgery, the use of experimental drugs, or for other complex, high-risk procedures.
   b. Permit forms are needed to release information to insurance companies or to consulting physicians.
   c. Advance directives are needed in critical situations when the client wants to specify what care or treatment he or she does or does not want.

9. The administrative medical assistant must ensure that all medical records are readily accessible, legible, accurate, complete, and written in ink. The assistant may need to read a form to the client or ask the client to sign a consent form after it has been read.

Unit I - Introduction to Administrative Medical Assisting - Written Evaluation

1. d
2. a
3. c
4. d
5. c
6. b
7. a
8. a
9. b
10. c
11. c
12. a
13. a
14. c
15. d
16. f
17. e
18. c
19. d
20. b
21. a

Unit II: Communication Skills

Lesson 1: Telephone Etiquette - Activity Sheet

1. a. Inform the caller that you are putting him or her on hold.
   b. Inform the caller approximately how long he or she will be on hold.
   c. Do not leave the caller on hold for longer than he or she expected.

2. When a caller wants to speak directly with the physician, the assistant should place the caller on hold and check to see if the physician is available to take the call.

3. The answer should include at least three of the following techniques to handle difficult situations with clients:
   a. Listen to the client's entire story.
   b. Use a calm tone of voice.
   c. Do not make excuses.
   d. Do not argue.
   e. Do not minimize the problem.
   f. Resolve the problem as positively as possible.

4. When handling an emergency call, the assistant should allow the caller to state the problem, get the name and telephone number of the caller, and notify the physician of the emergency immediately.

5. The administrative medical assistant could breach client confidentiality when placing a call to a client's home by giving information about the client to unauthorized persons.

6. The answer should be a completed message slip.

Lesson 2: Effective Communication - Activity Sheet

1. The answer should list at least two ways nonverbal communication can have an negative impact and two ways in which nonverbal communication can have a positive impact.

2. The answer should include at least three of the following possible barriers to effective communication:
   a. Hearing impairments
   b. Visual impairments
   c. Physical challenges
   d. Mental challenges
   e. Age differences

3. The answer should include a greeting that is appropriate for the medical office.

4. The administrative medical assistant can lessen the fears of the pediatric client by allowing the child to explore the environment.

5. The answer should include at least three of the following ways to overcome communication barriers when interacting with the geriatric client:
   a. Make sure the client's hearing aid is clean and inserted properly.
   b. Adjust the volume of the client's hearing aid if necessary.
   c. Speak slowly and clearly; use simple sentences.
   d. Reduce background noise.
   e. Speak toward the client's best ear.
   f. Use written communication depending upon the preference of the client.
   g. Use proper grammar and avoid trendy phrases.

6. When communicating with coworkers, the administrative medical assistant should use open and respectful communication to understand that certain practices normal to one person may be annoying to another. Respectful communication will build a strong working relationship.

Unit II - Communication Skills - Written Evaluation

1. d
2. b
3. a
4. b
5. d
6. c
7. c
8. a
9. d
10. a
11. c
12. c
13. b
14. c
15. a
16. c
17. a
18. d

Unit III: Safety

Lesson 1: Infection Control and Occupational Safety - Activity Sheet

1. The main function of OSHA is to monitor the health and safety of employees in America's workplaces.

2. The answer should include at least two of the following:
   a. The assistant may be at risk of falls or injuries due to spills or obstructions in the reception area or office.
   b. The assistant may be at risk when handling or disposing of hazardous chemicals.
   c. The assistant may be at risk when handling items potentially infected with bloodborne pathogens.

3. The Hazard Communication Standard is an OSHA regulation that ensures that the hazards of chemicals are evaluated and that information concerning their hazards is transmitted to employers and employees. It is designed to protect ALL employees in America from potential injury or illness caused by contact with chemicals in the workplace. It is known as the "Right to Know" law because employees have the right to know about health hazards in the workplace and how to protect themselves from such hazards.

4. Under Universal Precautions, all blood and certain body fluids of clients are considered as potentially infectious for bloodborne pathogens. Body Substance Precautions, on the other hand, focus on keeping health care workers from contact with ALL body substances, such as blood, saliva, urine, feces, and nasal secretions.

5. The answer should include at least three instances when the assistant should use body substance precautions.

6. Body Substance Precautions are accomplished through frequent and meticulous hand washing and the use of gloves. The use of face masks, eye protection, and protective clothing is necessary when it is likely that mucous membranes will be splashed with body substances.

Lesson 2: Handling Emergencies in the Medical Office - Activity Sheet

1. A medical emergency occurs when a medical condition arises suddenly and threatens the life or well-being of a person or group of people.

2. The answer should include at least four of the following:
   a. Emergencies of the nervous system
   b. Emergencies of the circulatory system
   c. Emergencies of the respiratory system
   d. Emergencies of the musculoskeletal system
   e. Emergencies of the integumentary system

3. The assistant should always follow the office policy for handling medical emergencies. If the assistant is unable to treat the client immediately, he or she can help by obtaining as much information as possible regarding the illness or injury. If the client is unconscious, the assistant should check for a Universal Emergency Identification Bracelet. If the client can walk, the assistant should assist him or her into an examination room.

4. The client should never be left alone in case the client's condition becomes worse. A staff member needs to know what is happening so he or she can assist the client as well report the client's condition to the physician.

5. It is important to know where emergency equipment is located so that no time is wasted when the physician is treating the client.

Unit III - Safety - Written Evaluation

1. b
2. c
3. a
4. d
5. c
6. d
7. d
8. a
9. c
10. a
11. a
12. d
13. b
14. d
15. a
16. c
17. d

Unit IV: Office Management Techniques

Lesson 1: Filing - Activity Sheet

1. a. Alphabetical filing is a method of arranging records according to alphabetic order of a key word, usually the name of an individual
    b. Numerical filing is a method of arranging records in numeric sequence
    c. Chronological filing is a method of arranging records by dates in order of occurrence
    c. Subject filing is a method of arranging records alphabetically according to the content of the record

2. a. Suzanne Kinney
    b. Sarah Kinney-Brown
    c. Kathleen M. Kirk
    d. Timothy Kirks
    e. Helen P. Lattner
    f. Thomas Lutz
    g. Thomas Paul Lutz
    h. Francis MacDonald
    I. George C. MacLean
    j. Rachel Ann Macon
    k. Bethany S. McDonald
    l. Marsha Norris

3. a. **The Davis Sub Shop**
   b. **Donald Borris Copier Repair**
   c. **Dunn-Embrey Office Supply**
   d. **Dunn's Computer Supply**
   e. **Dunn's Janitorial Service**
   f. **D'Urban Caterers**

4.

Drawer #1	Drawer #2
a. 01-18-25	d. 05-09-30
b. 01-19-25	e. 07-18-30
c. 06-17-25	f. 08-15-30

Lesson 2: Scheduling - Activity Sheet

1. a. The needs of the client
   b. The scheduling preferences of the physician
   c. The availability of medical equipment and facilities

2. A matrix is a block of time in an appointment book that is diagonally crossed out to indicate time when the physician is unavailable to examine clients.

3. When canceling an appointment, the administrative medical assistant should erase the client's name from the appointment book or delete the client's name from the computer and open the time slot for another client.

4. When a client requires the care of a specialist or needs to go to a certain facility, it is often the responsibility of the administrative medical assistant to schedule appointments outside of the office.

Lesson 3: Maintaining the Front Office and Reception Area - Activity Sheet

1. The answer should include at least three of the following potential safety hazards in the reception area:
   a. Damaged furniture
   b. Frayed electric cords
   c. Wet floors
   d. Curled or defective carpets or rugs
   e. Magazines on the reception area floor
   f. Toys on the reception area floor
   g. Smoking

2. The answer should include at least three of the following:
    a. Ensure adequate lighting for reading.
    b. Ensure that there is a variety of current reading materials.
    c. Ensure adequate seating.
    d. Clean and repair toys in the reception area.
    e. Ensure safety in the front office and reception area.
    f. Straighten magazines.
    g. Discard outdated reading materials.
    h. Empty the waste basket.
    g. Replenish tissues as needed.

3. a. Manual inventory
    b. Computer inventory

4. a. The name of the item.
    b. The identification number or office supply catalog number
    c. The supplier's name, address, telephone numbers, and fax number
    d. The quantity ordered
    e. The reordered number
    f. The price of the item
    g. The dates in which each order was placed, received, and paid for

Lesson 4: Written Communications - Activity Sheet

1. a. Form letters are standard letters used to fulfill the physician's legal obligation
    b. Block style business letters are letters used for business correspondence when form letters may not be appropriate
    c. Memos are correspondence sent by offices, clinics, and hospitals to facilitate exchanges of ideas and to communicate instructions or other messages among the staff

2. a. First-class mail
    b. Second-class mail
    c. Third-class mail
    d. Fourth-class mail
    e. Electronic mail (e-mail) and faxes

3. The answer should be a memo requesting time off for a computer class and requesting tuition for the class.

4. The answer should be a block business letter requesting payment from a client on an account that is three weeks past due.

Unit IV - Office Management Techniques - Written Evaluation

1. b
2. d
3. c
4. c
5. c
6. a
7. d
8. d
9. c
10. b
11. d
12. a
13. a
14. c
15. b
16. a
17. d
18. a
19. d
20. b
21. a
22. d
23. d
24. d
25. b
26. a
27. c

Unit V - The Medical Record

Lesson 1: Introduction to Medical Records Management - Activity Sheet

1. a. The registration form is a general information form that is completed by the client upon the first visit to the physician.
   b. The medical history form is a record of the client's medical history that includes the client's chief complaint and the client's family history
   c. The physical examination form is the form on which the client's current physical health is recorded by the physician upon examination
   d. Progress notes are the notes in which the physician states the current health of the patient and the plans for treatment. Many physicians use the S.O.A.P. approach.
   e. Other information may lab reports, electrocardiograms, etc.

2. a. Subjective impressions - the chief complaint of the client
   b. Objective clinical evidence - the physician's impressions independent of existing condition
   c. Assessment - identification of the disease or illness from its signs or symptoms
   d. Plans for treatment - the course of treatment for the client

3. 59 kilograms
4. 206.8 pounds
5. 5 feet 8 inches
6. 36 inches

Lesson 2: Medical Transcription - Activity Sheet

1. a. Modified block
   b. Simplified block

2. The answer should include at least three references that can be used when transcribing dictation.

3. It is important to use the correct medical terminology when transcribing to avoid confusion and protect the physician legally.

Unit V - The Medical Record - Written Evaluation

1. b
2. a
3. c
4. d
5. a
6. d
7. d
8. a
9. d
10. c
11. b
12. a
13. a
14. c
15. d

Unit VI - Insurance and Finance

Lesson 1: Processing Insurance Claims - Activity Sheet

1. g
2. d
3. a
4. c
5. b
6. e
7. f
8. h

9. Private health insurance is insurance paid for by a private company or an individual. Public health insurance is paid for through the federal or state government.

10. The answer should list the current ICD-9-CM codes.

11. The answer should include current CPT codes.

Lesson 2: Managing Accounts Receivable - Activity Sheet

1. b
2. f
3. e
4. g
5. c
6. a
7. d

8. a. Client's name
   b. Description of the transaction
   c. Itemized charges
   d. Payments
   e. Current account balance

9. The answer should include at least three of the following:
   a. Client's name
   b. Telephone number
   c. Insurance information
   d. Date
   e. Description of transactions
   f. Charges
   g. Payments
   h. Adjustments
   I. Balance due

Lesson 3: Managing Accounts Payable - Activity Sheet

1. d
2. f
3. a
4. c
5. e
6. b

7. a. Date
   b. Name of the payee
   c. Check number
   d. Amount of check
   e. Business Expenses

8. Petty cash voucher

9. Reconciliation is important to make sure that the bank and office accounts are in agreement.

Unit VI - Insurance and Finance - Written Evaluation

1. d
2. a
3. c
4. d
5. a
6. a
7. b
8. d
9. c
10. a
11. d
12. b
13. a
14. b
15. c
16. b
17. d
18. d
19. b
20. a
21. c
22. d
23. f
24. a
25. e
26. c
27. b

50-1145-C

Administrative Medical Assistant Competency Record

Name and Address: ____

Directions: Evaluate the student by checking the appropriate number or letter to indicate the degree of competency. The rating for each task should reflect **employability readiness** rather than the grades given in class.

Rating Scale:
3 Mastered - can work independently with no supervision
2 Requires Supervision - can perform job completely with limited supervision
1 Not Mastered - requires instruction and close supervision
N No Exposure - no experience or knowledge in this area

(IBM) 12-95

NOTE: The code in parentheses is the competency identification number used in computerized management systems.

☐ Successfully completed the Health Care Assistant Core Competencies

3	2	1	N	
				A. Introduction to Administrative Medical Assisting
				1. Identify medical office personnel and their roles and responsibilities. (A001)
				2. Exhibit professional characteristics of the medical assistant. (A002)
				3. Practice work ethics. (A003)
				4. Apply medical, ethical, and legal standards to situations in the medical office. (A004)
				5. Practice confidentiality in the office setting. (A005)
				6. Use public relations techniques used in the medical office. (A006)
				7. Identify places where medical assistants might be employed. (A007)
				Other ______________________________
				______________________________

3	2	1	N	
				B. Communication Skills
				1. Use verbal and nonverbal communication to communicate effectively. (B001)
				2. Demonstrate effective application of professional medical language. (B002)
				3. Use proper telephone etiquette. (B003)
				4. Place business calls. (B004)
				5. Greet customer properly. (B005)
				6. Identify the special techniques used for communicating with the pediatric client . (B006)
				7. Identify special techniques used for communicating with the geriatric client. (B007)
				8. Identify special techniques in communicating with clients with visual impairments or hearing impairments. (B008)
				9. Respond to medical emergencies as appropriate. (B009)
				Other ______________________________
				______________________________

3	2	1	N	
				C. Safety
				1. Identify the implications of OSHA directives to the medical office. (C001)
				2. Follow body substance precautions. (C002)
				3. Identify medical emergencies. (C003)
				4. Respond appropriately to medical emergencies. (C004)
				5. Locate emergency equipment in the medical office. (C005)
				Other ______________________________
				______________________________

3	2	1	N	
				D. Office Management Techniques
				1. File medical records. (D001)
				2. Schedule appointments. (D002)
				3. Inventory and restock supplies. (D003)
				4. Maintain the reception area of the medical office. (D004)
				5. Operate and maintain common office machines. (D005)
				6. Compose written communications. (D006)
				7. Sort office mail. (D007)
				Other ______________________________
				______________________________

3	2	1	N	
				E. **The Medical Record**
				1. Identify the components of the medical record. (E001)
				2. Review forms for completeness. (E002)
				3. Measure height and weight and record on the medical rceord. (E003)
				4. Use medical reference books. (E004)
				5. Perform medical transcription. (E005)
				Other ______________________________
				______________________________

3	2	1	N	
				F. **Insurance and Finance**
				1. Identify health care insurance plans. (F001)
				2. Process insurance claims. (F002)
				3. Use insurance coding systems (CPT and ICD9). (F003)
				4. Process client statments. (F004)
				5. Manage accounts receivable. (F005)
				6. Manage accounts payable. (F006)
				7. Reconcile bank statements. (F007)
				8. Write checks to pay office bills. (F008)
				9. Make bank deposits. (F009)
				10. Maintain a record of petty cash. (F0010)
				Other ______________________________
				______________________________

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